



**Application Access Form  
District & School Level Request  
Version 7.2**

**Purpose of Request:** (Select One)  
 New Access  
 Modify Access  
 Remove Access

**User Role:** (Select One)  
 District User  
 School User  
 Contractor

**First Name:**

**Last Name:**

**District Name:** \_\_\_\_\_ **District Number:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **School Number:** \_\_\_\_\_

**Job Title:**

**Current User ID:** (If applicable)

**Do you currently have a TDOE SSO, Orion account?**      Yes    No  
**Do you currently have an ePlan account?**            Yes    No

**Teacher License Number:** (If applicable)

**Work Email Address:**

**Work Telephone Number:**

**Select one role per application request.**

|  |   |  |               |
|--|---|--|---------------|
| <b>Accountability</b>                            | District User   | <b>Federal Application Consolidated Tracking System (FACTS)<br/>(for historical purposes only)</b>   | Inquiry User  |
| <b>Attendance Funding</b>                        | District Approver (NOTARY REQUIRED ON PAGE 2)<br>District Read Only<br>District User (Districts with adult high schools only)       | <b>Graduation Cohort</b>   | District User |
| <b>College &amp; Career Readiness SharePoint</b> | CTE Director  | <b>Microsoft Dynamics CRM Ticketing System (Help Desk Portal for Directors, EIS/SIS Supervisors, Instructional Technology Supervisors, and Technology Supervisors)</b> | District User |
| <b>Data Reports</b>                              | District User<br>School User  | <b>TCAP Visibility Tool</b>  | User          |
| <b>District Informational Dashboard</b>          | District Admin (Director of Schools Signature Required)   |  |               |
| <b>EIS Production</b>                            | District User<br>District EIS Approval ADM<br>District EIS Error Correction User<br>School User<br>School EIS Error Correction User |  |               |
| <b>Enhanced EIS Data Entry</b>                   | District User   |  |               |
| <b>eTiger</b>                                    | Instructor<br>Program of Study<br>Read Only<br>User (CTE Director Level)  |  |               |

**Notary Public (The Notary is required only if applicant is requesting District Approver access to Attendance Funding. The Notary's signature is also required. Please scan and email the Application Access Form.)**

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Month

Year

\_\_\_\_\_  
Signature of Notary Public

My commission expires on \_\_\_\_\_, \_\_\_\_\_.

Month

Year

[Notary Seal]

**Justification:** All access must be justified. List specific job duties that require access to the requested application(s). Additional information relevant to your request should be included.

By entering my name below, I attest to the accuracy of information provided on this form. In addition, I understand that if I have access to confidential student and teacher data, including personally identifiable information (PII), I will only use the information for the explicit purpose identified in this access request form. I understand that the unauthorized disclosure of PII is prohibited by federal and state law, including the Family Educational Rights and Privacy Act of 1974 ("FERPA"), the Tennessee Data Accessibility, Transparency and Accountability Act ("DATAA"), Individuals with Disabilities Education Act ("IDEA"), and the National School Lunch Act.

Any instances of unauthorized disclosure of personally identifiable information that come to my attention must be reported to the TDOE within twenty-four (24) hours. Inappropriately releasing data from a student, teacher or other personal record, whether through negligence or intent, will be subject to potentially permanent loss of access to TDOE data and records. Any entity, agent, or individual who violates this form, whether through negligence or intent, will not have access to any TDOE student data for five years as required by FERPA. All violations will be reported to the appropriate federal and state enforcement agencies.

**Employee Name:** (First & Last Name)

**Supervisor's Name:** (First & Last Name)

**Title:**

**Supervisors:** *Please send the completed form to the district representative (EIS Contact). This form must be submitted by a district representative. [Click here to see a list of district representatives.](#)*

**Submitted By:** (First & Last Name)

*District representatives (EIS Contacts) should only accept forms from district supervisors.*

**Date Form Completed:**

*Please send the completed form to the District Technology Service Desk at the e-mail address listed below.*

*[dt.support@tn.gov](mailto:dt.support@tn.gov)*

**Internal Tennessee Department of Education Use Only**

I hereby attest that the information on this form is accurate to the best of my knowledge. I further attest that the employee indicated above requires access to the checked application(s).

**Access Granted:**      **Access Removed:**      **Processor Name:**      **Effective Date:**

- Accountability
- Attendance Funding
- College & Career Readiness Sharepoint
- Data Reports
- District Information Dashboard
- EIS Production
- Enhanced EIS Data Entry
- eTiger
- Fed. Application Consolidated Tracking
- Graduation Cohort
- Microsoft Dynamics CRM Ticketing
- TCAP VisibilityTool

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New/Current Account User ID:

Additional Notes: