



Systems Access Request

Choctaw Tribal Schools

Please complete all areas of this form.

User Information

Full Name _____

Preferred Name _____ Date of Birth _____

Address _____

street city zip

Phone Number(s) _____

This number will be used to notify you of district and school announcements.

Employment Information

School/Office _____ Title _____

Full-Time Part-Time Substitute Assignment Start Date _____

User Access Requested

New Account Change Account Change requested: _____

Network/Computer Role/NASIS: Rights: _____

Email Other: _____

(specific tool rights, other calendar rights, etc.)

User Requirements

- All users: ✓ Submit a complete and signed Systems Access Request to Data Management Coordinator.
- ✓ Read and sign the Choctaw Tribal Schools Internet Use Policy.
- ✓ Take security awareness courses provided by US Dept. of Interior. Login will be provided.
- NASIS users: ✓ Read and sign the BIE NASIS Rules of Behavior.

Please provide an email address that can be used to send new account information.

Signatures

User's
Signature

date:

By signing I certify that I have read and will abide by the Choctaw Tribal Schools Internet Use Policy and NASIS Rules of Behavior (if applicable).

Supervisor's
Signature

date:

Office Use Only

DOI Login sent to user

Network Account

DOI Cert. Received

NASIS Account

Email Account

User Notified
