

Tennessee Department of Education Application Access Form



Purpose of Request: (Select one) New Access Modify Access Remove Access

Complete all applicable fields.

Date:

Division(State Employee Only):

District:

School:

User Role: State Employee District User School User Contractor

First Name:

Last Name:

Job Title:

Work Email Address:

Work Phone Number: (Include area code.)

Check all that apply below. **All access must be justified in the *Justification* section.**

Application Name	Access Details (Select one role or function.)
Accountability	Administrator Application Manager District User School User
Graduation Cohort	Administrator Application Manager District User School User
Course Master (State Use Only)	Administrator Read Only

	Data Reports	Administrator Application Manager District User School User
	Educator License Information	Administrator Application Manager District User
	EIS Production	Administrator Application Manager District User District EIS Approval ADM District EIS Error Correction User School User Error Correction User SDE EIS Calendar Admin SDE EIS Technical Staff
	Enhanced EIS Data Entry	Administrator Application Manager District User School User
	eReporting	Account Administrator Administrator Application Manager Chairperson of BOE County Clerk/City or SSD Recorder District Inquiry District User Statewide Inquiry Superintendent/Director Trustee/Treasurer/Fiscal Agent
	eTiger	Administrator Application Manager Content Administrator Instructor POS Administrator Program of Study Read Only User

Federal Application Consolidated Tracking System (FACTS)	Administrator Application Manager Federal Program Manager Inquiry Super User Read Only User
Help Desk Administrators	Administrator Application Manager
Highly Qualified Teachers	Administrator Application Manager District User Region User Region
IHE License	Administrator
Local Payment Processing	Account Administrator Application Manager Disbursement User Local Payment User Payment Request Approver Payment Requestor Program Manager Security Administrator
Migrant LEA Uploads	Administrator Application Manager User
Neglected & Delinquent Downloads	Administrator Application Manager User
Neglected & Delinquent Uploads	Administrator Application Manager User
Performance Monitoring Uploads	Administrator Application Manager User
Personnel Information Reporting System (PIRS)	Administrator Administrator II Application Manager Inquiry Statewide Inquiry Super User User

	School Nutrition	Application Manager District User School User SDE Administrator
	SDE Directory (State Use Only)	Administrator Application Manager Edit Accreditation Edit Higher Ed Institutions Edit Local Payment Payees Edit Organizations Edit Technology Centers Person Edit Person Read Private School Admin Program Edit Waiver Edit
	SSMS User Help Site	Application Manager User
	Security Management (Authorize)	Security Administrator Application Manager
	Training Table (Admin Access Only)	Administrator Application Manager
	Work-based Uploads	Administrator Application Manager User
	Discoverer	Application Manager User
	EasyIEP	Special Education Director EdPlan / EasyIEP Administrator Speech Language Pathologist Hearing and Vision Specialist School Psychologist Occupational Therapist/Physical Therapist Behavior Specialist/Autism Consultant Occupational Therapy Assistant/Physical Therapy Assistant IEP Chairperson (Case Manager)

		Special Education Classroom Teacher (K-12) Preschool Teacher Principal School System Staff (Nurse, Aide) School System Administrator Off-site Provider Restraint/Isolation Facilitator State Monitor Super User (Contractor & State Only)
	SSRS Reports	Licensing Reports EDFacts Reports Data Requests Federal Programs Reports

Justification: All access must be justified. Additional information relevant to your request should be included (e.g., user is replacing another employee).

By entering my name below, I attest to the accuracy of information provided on this form. In addition, I understand that by virtue of employment with the TDOE, I may have access to records that contain individually identifiable information, the disclosure of which is prohibited by state and federal law, including Family Educational Rights and Privacy Act of 1974, as Amended (FERPA). I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such both intentional and unintentional disclosure unauthorized disclosure also violates TDOE policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Employee Name (First and Last Name):

CA Number (State Employees Only):

Division (State Employees Only):

I hereby acknowledge that our division is responsible for all resources to be used by the person identified above and that requested accesses are required to perform their duties.

Supervisor's Name (First and Last):

Internal TDOE 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).

TDOE Application Manager (First and Last Name):

Account Action Date:

Assigned User Name: