

Application Access Form State Level Request Version 1

Purpose of Request: (Select One)	☐ New Access ☐ Modify Access ☐ Remove Access			
Division:				
User Role:	☐ State Employee ☐ Contractor			
First Name:				
Last Name:				
Date of Birth				
CA Number:		Job Title:		
Current User ID: (If applicable)				
Do you currently have a TDOE SSO, Orion, account?	O Yes No O			
Do you currently nave an ePlan account?	O Yes No O			
Work Email Address:				
Work Telephone				
Number:	S	elect one role per application request		
Accountability	☐ Administrator			
•	Application Manager			
Attendance	Application Manager	Microsoft Dynamics CRM Ticketing	g Information Systems	
Funding	Read Only	System (Licensed Agent)	Staff Member/Program Area Agent	
			☐ TDOE State Employee	
College & Career	Administrator	Oracle Database	CAEISPRD	Access Level Read
Readiness Portal	Read Only	Gradie Bambase	CADOEPRD	Write
	User		CARPTPRD	☐ Edit
Course Code Management System CCMS)	User	TVAAS	☐ State User	
Data Reports	Administrator Application Manager	SDE Directory	Administrator SDE Administrator	
Discoverer	☐ Administrator	Security Management	Administrator	
	User		☐ Security Administrator	
EIS Production	Application Manager	0000 D	_	
	SDE Calendar Admin	SSRS Reports	Administrator	
	SDE Technical Staff		Application Manager	
Enhanced EIS Data	☐ Administrator	TCAP Visibility Tool		
Entry	Application Manager		User	
Graduation Cohort	Administrator	TMAC	_	
	Application Manager		Nutrition Employee	
			☐ Audit (State or Federal)☐ Other Inquiry (Claims, Reports,	
Help Desk Administrator	Administrator		Financial Reports, etc.)	
		TNCompass		
			Evaluation	
			☐ Licensure ☐ Compensation	
			Li compensation	

5404	to the request of the requirement of the requested application (e). Additional monitorial to your request oriented to monitorial monitorial monitorial monitorial to monitorial
teacher data, includin	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 confidential student and gersonally identifiable information (PII). I understand that the unauthorized disclosure of PII is prohibited by federal and state law, including the Federal Educational Rights and Privacy), the Tennessee Data Accessibility, Transparency and Accountability Act ("DATAA"), Individuals with Disabilities Education Act ("IDEA"), and the National School Lunch Act.
	ully understand that improper disclosure of PII to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that improper disclosur oblicy 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 & Last Name)	
The form must be sub	omitted by applicant's supervisor.
Supervisor's Name: (First & Last Name)	Title:
Date Form	

 ${\it Please send the completed form to the \it District \it Technology \it Service \it Desk \it at the e-mail \it address \it listed \it below.}$

dt.support@tn.gov

Internal Tennessee Department of Education Use Only

Version 1

	Access Granted:	Access Removed:	Processor Name:	Effective Date:	
Accountability					
Attendance Funding					
CCR Portal					
CCMS					
Data Reports					
Discoverer					
EIS Production					
Enhanced EIS Data Entry					
Graduation Cohort					
Help Desk Administrator					
Microsoft Dynamics C Ticketing System	RM				
SDE Directory					
Security Managemen	t				
SSRS Reports					
TMAC					
TNCompass					
TVAAS					
TCAP Vis Tool					
Oracle Database					
New Account User					
D:					
Additional Notes:					