

CMSD – Computer Security Authorization Form (CSA) – Non-CMSD Personnel

Return form to: Department of Information Technology: Cyber Security & IT Risk Mgmt. – Email To: sec.admin@clevelandmetroschools.org
 Direct your concerns to Cyber Security & IT Risk Mgmt.: 216-838-5960

Name: _____ (REQUESTOR, PRINT FULL NAME CLEARLY)	School / Dept: _____ Facility Code #: _____ Telephone #: _____ Username: _____ Address: _____
Job Title: _____ CMSD Contact: _____ Vendor Company Name: _____ Company Phone Number: _____	BCI/FBI: Sent _____ Received _____

Request to Delete an Existing Account	
<input type="checkbox"/> Delete Account (Effective Date):	
SunGard	
<input type="checkbox"/> eSchoolPlus	<input type="checkbox"/> Display Only
<input type="checkbox"/> IEPPlus (Special Education Teachers Only)	
Schoolwires	
<input type="checkbox"/> Department Editing	<input type="checkbox"/> School Editing
<input type="checkbox"/> Other	
NETWORK ACCESS	
<input type="checkbox"/> Email	
<input type="checkbox"/> Network Account	
Other Application Access	
<input type="checkbox"/> SchoolNet	<input type="checkbox"/> Naviance
<input type="checkbox"/> OnBase	

OTHER ACCESS (Justification for Request): _____

Approved by: (Signature) _____ (Manager, Supervisor, Principal)	Date: _____
Approved by: (Print Name) _____	Job Title: _____
Telephone: (Facility) _____	Fax #: _____

➤All Non-CMSD Users MUST complete the section below:
 Answer the following questions for authentication purposes to be used when requesting a password reset.

➤What is your mother's maiden name?	➤What is your favorite color?
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You alone will be responsible for your password and all activity that takes place under your username. Please do not share your username or password with anyone.

I receive and accept the conditions stated in this form, and have read the Security Regulations, and CMSD Acceptable Use Policy (No access will be granted without acknowledgement) at the web address listed below and clearly understand my responsibilities related to information systems security and sanctions provided if I abuse same.

➤Requestor Name (Print): _____	Date: _____
➤Requestor Signature: _____	Date: _____

I have read the CMSD Acceptable Use Policy (No access will be granted without acknowledgement) Yes

Approved by Cyber Security Director/Designee: (Print Name) _____

Signature of Cyber Security Director/Designee: _____ Date: _____