

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

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

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

PowerSchool	
<input type="checkbox"/> PowerSchool SIS	<input type="checkbox"/> Display Only
<input type="checkbox"/> Special Programs (Special Education Teachers Only)	
Finalsite	
<input type="checkbox"/> Department Editing	<input type="checkbox"/> School Editing
NETWORK ACCESS	
<input type="checkbox"/> Email (O365)	
<input type="checkbox"/> Network Account	
Other Application Access	
<input type="checkbox"/> Transeo	<input type="checkbox"/> OnBase

OTHER ACCESS (Justification for Request): _____

Approved by: (Signature) _____ Date: _____
(Manager, Supervisor, Principal)

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?** _____

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):** _____

➤ **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: _____