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

Return form to: Department of Information Technology: IT Security – Email To: sec.admin@clevelandmetroschools.org
Direct your concerns to IT Security: 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 _____ Received _____

Request to Delete an Existing Account
☐ Delete Account (Effective Date):

SunGard	
☐ eSchoolPlus	☐ Display Only
☐ IEPPlus (Special Education Teachers Only)	

Schoolwires	
☐ Department Editing	☐ School Editing
☐ Other	

NETWORK ACCESS
☐ Email
☐ Network Account

Other Application Access		
☐ SchoolNet	☐ Naviance	☐ 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 IT Security Director: (Print Name) _____

Signature of IT Security Director: _____   **Date:** _____