

## Application Access Form District & School Level Request

District Number:

Purpose of Request: (Select One) New Access

Modify Access

Remove Access

User Role: (Select One)

District User School User Contractor

First Name:

Last Name:

District Name:

School Name: School Number: School Number:

Job Title:

Current User ID: (If applicable)

Teacher License Number: (If applicable)

Work Email Address:

Work Telephone Number:

Select one role per application request.

Accountability	District User	Graduation Cohort	District User
Data Reports	District User	Highly Qualified	District User
	School User	Teachers	
Educator License Information	District User	Local Payment Processing	Payment Requestor
EIS Production	District User	Personal Information	Inquiry
	District EIS Approval ADM	Reporting System	User
	District EIS Error Correction User	(PIRS)	
	School User		
	School EIS Error Correction User		
Enhanced EIS Data Entry	District User	School Nutrition	District User
			School User
eReporting	Chairperson of BOE		
-	County Clerk/City of SSD Recorder		
	District Inquiry		
	Superintendent/Director		
	Trustee/Treasurer/Fiscal Agent		
eTiger	Instructor		
	Program of Study		
	User		
Federal Application Consolidated Tracking System (FACTS)	Instructor	Attendance Funding	District Read Only
		Attendance Funding	
	Program of Study		District User
	User		District Approver (NOTARY REQUIRED)
			Only and Decad Only

School Read Only School User

Subscribed and sworn to (or affirmed) before me this	day of Month	, Year	
Signature of Notary Public	_		
My commission expires onMonth	, Year		
			[Notary Seal]
			[
Justification: All access must be justified. List specific job duties the	nat require access to the requested app	lication(s). Additional information relevant to	your request should be included.
By entering my name below, I attest to the accuracy of information confidential student and teacher data, including personally law, including the Federal Educational Rights and Privacy Act Disabilities Education Act ("IDEA"), and the National School L	identifiable information (PII). I under of 1974 ("FERPA"), the Tennessee D	stand that the unauthorized disclosure o	f PII is prohibited by federal and state
I acknowledge that I fully understand that improper disclosure acknowledge that improper disclosure of PII violates TDOE powhether criminal or civil penalties are imposed.			
Employee Name: (First & Last Name)			
Supervisor's Name: (First & Last Name)		Title:	
Supervisors: Please send the completed form to the district re Click here to see a list of district representatives.	epresentative (EIS Contact).This form	must be submitted by a district represen	ntative.
Submitted By: (First & Last Name)			
District representatives (EIS Contacts) should only accept for	ms from district supervisors.		
Date Form Completed:			
	Please send the completed form to	the e-mail address listed below.	

EIS.Help@tn.gov

Notary Public (The Notary is required only if applicant is requesting District Approver access to Attendance Funding. The Notary's signature is also required. Please scan and email the Application Access Form.)

## Internal Tennessee Department of Education 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).

Access Granted To The Following Application(s):	Processor Name:	Account Activation Date:
Accountability		
Attendance Funding		
Data Reports		
Educator License Information		
EIS Production		
Enhanced EIS Data Entry		
eReporting		
eTiger		
Federal Application Consolidated Tracking System		
Graduation Cohort		
Highly Qualified Teachers		
Local Payment Processing		
Migrant LEA Uploads		
Personal Information Reporting System		
School Nutrition		
New/Current Account User ID:		
Additional Notes:		