



HISD SIS SECURITY REQUEST FORM

Submit to: Student Management Systems (Attn: SIS Security)
 Route 10 · 4400 West 18th St · Level 3NW · Houston, TX 77092
 or fax to (713) 556-8870 or email SISSecurity@houstonisd.org

I. Complete this section for ALL SIS requests.

Employee ID: _____ (8 digits) Network Username: _____ (NOT password)

Last Name: _____ First Name: _____ MI: _____

Current Work Location: Campus/Dept #: _____ Campus/Dept Name: _____

Work Location Telephone #: _____ Position/Title: _____

II. Complete Section I and Section II to ADD or REMOVE a role assignment.

When requesting Campus Level access, also specify the campus number and campus name. Additional forms are required for access to additional campuses. School Area Level access requires the Area Superintendent's approval.

District Level – [A]dd/[R]emove	Campus Level – [A]dd/[R]emove
<p>A/R (check appropriate box)</p> <p><input type="checkbox"/> District View Only</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> REMOVE ALL ROLES</p>	<p>Location #: _____ Campus: _____</p> <p>A/R (check approp. box) A/R (check approp. box) A/R (check approp. box)</p> <p><input type="checkbox"/> View Only <input type="checkbox"/> Student Sched. <input type="checkbox"/> TREx</p> <p><input type="checkbox"/> School Enrollment <input type="checkbox"/> Master Sched. <input type="checkbox"/> Health</p> <p><input type="checkbox"/> Office Attendance <input type="checkbox"/> English Learner <input type="checkbox"/> Socioeconomic</p> <p><input type="checkbox"/> Ofc. Grade Reporting <input type="checkbox"/> Gifted & Talented <input type="checkbox"/> IAT Liaison</p> <p><input type="checkbox"/> Discipline View <input type="checkbox"/> Career Tech Ed. <input type="checkbox"/> Interventionist</p> <p><input type="checkbox"/> Discipline Editor <input type="checkbox"/> At-Risk <input type="checkbox"/> Special Ed View</p> <p><input type="checkbox"/> Magnet <input type="checkbox"/> Title I <input type="checkbox"/> Teacher</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> REMOVE ALL ROLES</p>
<p>School Area Level – [A]dd/[R]emove</p> <p>(check appropriate box)</p> <p><input type="checkbox"/> North <input type="checkbox"/> Northwest <input type="checkbox"/> South <input type="checkbox"/> East</p> <p><input type="checkbox"/> West <input type="checkbox"/> Achieve 180 <input type="checkbox"/> All Schools</p> <p><input type="checkbox"/> Other (specify campuses): _____</p> <p>_____</p> <p>_____</p> <p>A/R (check appropriate box)</p> <p><input type="checkbox"/> View Only</p> <p><input type="checkbox"/> Discipline View</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> REMOVE ALL ROLES</p>	<p style="background-color: #e0e0e0; text-align: center; padding: 2px;">INTERNAL USE ONLY</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

III. Complete ALL sections to request a change of location. Failing to do so may prevent access.

All role assignments will be removed from the *Previous Work Location* specified below. Previous role assignments are not transferred. Only the roles selected in Section II are applied.

Previous Work Location: Campus/Dept #: _____ Location Name: _____

Current Work Location: Campus/Dept #: _____ Location Name: _____

The Family Educational Rights and Privacy Act (FERPA) of 1974, 20 U.S.C., Section 1232g, its implementing regulations (34 CFR Part 99), and amendments, the Texas Public Information Act (TPIA), Texas Government Code Section 552.001 et seq., and Houston Independent School District (HISD) Board Policies provide for the security, confidentiality, review, and disclosure of student educational records. All persons who access HISD student records hold a position of trust relative to this information and must recognize and acknowledge their responsibilities for preserving the security and confidentiality of this information. The requestor is aware of the state and federal laws pertaining to records tampering and the requestor is aware of the penalties under the law related to records tampering.

Access will not be granted without signatures and dates.

Requestor's Signature _____ Date: _____

Approver's Printed Name: _____
 (please print legibly) (Principal, Executive Principal, SSO, CSO, or Superintendent)

Approver's Signature _____ Date: _____