

ONEONTA CITY SCHOOL DISTRICT

Information Technology (IT) Services Mailing Address: Oneonta High School, 130 East St., Oneonta, NY 13820 Telephone: 607-433-8243 x2222 Fax 607-433-8204 Bonnie Nobiling, Director of IT Services

Computer Account Request Form

(Teacher/Staff Member/Substitute/Teacher Resident/Student Teacher)

□ Network (login ID)□ Name change for existing account		□ Outlook (e			apply) choolTool (student management system) schoolView (OCSD web page maintenance)	
□ Teacher	□ Teacher Resi	dent 🗆 Staff Mem	ber 🗆 Substi	tute		
				list bldg(s) ex	: ALL or HS, MS, GP, RS, VV	
□ Student Teacher Assignment dates: Teacher name:						
(if app	plicable) Assignm	nent dates:	ates: Teacher r			
First Name	1	Middle Initial	Last Name			
riist Name	Trick Halle Hillar		Last Name			
Department	partment School/Building(s)		Title (if sub	Title (if sub, list Teacher/LTA/nurse/clerical/custodian)		
Your personal phone number (auto-notification for closings/delays) Your personal e-mail address						
I have read the OCSD Acceptable Use Policy (https://www.oneontacsd.org/AcceptableComputerUsagePolicy.aspx)						
		ons. I understand that i				
	evoked and appropr	riate disciplinary or leg	al action may be t		1	
Your Signature				Date		
Principal or l	Department Hea	d Approval** (Reques	t will not be processed w	vithout approval signatur	re)	
Name		Signature	Signature		Phone # or Ext	
** An e-mail notification will be sent to the approver named above and building secretary to notify you when your account has been created.						
		•		·		
Director of IT Services Approval (signature/initials)					(date)	
		Please submit com	pleted form to I	I Services		
Information Te	chnology-Use Only					
OCSD Login ID (network/Outlook/Google)				Issued by:	Date:	
(network/Outlook/Go	oogie)					
	SchoolTool Staff	Darant Causas	Sahaalaan	nVision	aCahaciViaw	
Issued by:	SCHOOLI OOL STAIT	ParentSquare	Schoology	11 V 1S1OII	eSchoolView	
Date:						

Revised: 5/25/23