



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/Substitute/Staff Member)

This request is for: (select all that apply)

- Network (login ID)
- Outlook (e-mail)
- eSchoolView (OCSD web page)
- Name change for existing account
- nVision
- eSchool (see bldg secretary)

- Teacher**
- Substitute** _____
- Staff Member**

please list bldg(s) *ex: All or HS, MS, GP, RS, VV*

First Name	Middle Initial	Last Name
Preferred First Name		Maiden Name
Department	School/Building(s)	Title (if sub, list Teacher/LTA/nurse/clerical/custodian)
Your personal phone number (in case we need to contact you)		Your personal e-mail address

I have read the OCSD [Acceptable Use Policy \(www.oneontacsd.org/AUP\)](http://www.oneontacsd.org/AUP) and I agree to abide by its provisions. I understand that if I violate the OCSD AUP, my access privileges may be suspended or revoked and appropriate disciplinary or legal action may be taken.

Your Signature	Date
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Principal or Department Head Approval** (Request will not be processed without approval signature)

Name	Signature	Phone # or Ext
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** 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 completed form to IT Services

Information Technology-Use Only

OCSD Login ID (network/Outlook/Google/Schoolology)	Issued by	Date
nVision Login	Issued by	Date
eSchoolView Login	Issued by	Date
Transfinder Login	Issued by	Date