



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/Teacher Resident/Student Teacher)

This request is for: (select all that apply)

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

Teacher **Teacher Resident** **Substitute** _____ **Staff Member**
 list bldg(s) *ex: ALL or HS, MS, GP, RS, VV*

Student Teacher **Assignment dates:** _____ - _____ **Teacher name:** _____
 (if applicable) **Assignment dates:** _____ - _____ **Teacher name:** _____

First Name	Middle Initial	Last Name
Department	School/Building(s)	Title (if sub, list Teacher/LTA/nurse/clerical/custodian)
Your personal phone number (auto-notification for closings/delays)		Your <u>personal</u> 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)	Issued by:	Date:
ParentSquare	Schoology	eSchool Staff
Issued by:	nVision	eSchoolView
Date:		