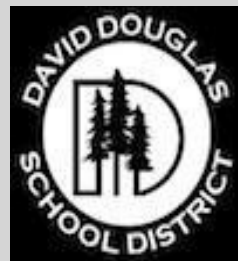


Authorization to Issue I.D. Badge and/or Email Accounts 2020-2021

(Please Print Legibly and Complete Thoroughly)



Legal name of person to receive DDSD account:

Contact Info **Required**:

Email:

Phone:

If this person has a **preferred** name, please include it below:

What program will this person be working for?

What job function will this person be doing?

Anticipated **start** date at DDSD:

Anticipated **end** date at DDSD:

Will this person need a district email?

Yes No

Will they need SYNERGY Access?

Yes No

Will this person need an alarm code?

Yes No

Will this person need a building master key?

Yes No

Will this person need an ID badge? Select **one**:

- No badge
- Plain ID card (non-electronic)
- Building secure access ID badge (electronic)

Will this person need multiple building access? *If yes, please keep in mind that HR will need written consent from any additional building administrator(s) prior to granting access request.*

- Yes No

Which building(s) if multiple?

Administrator's Name (please print):

Signature of Administrator:

HR USE ONLY:

Authorization Form: _____

DDSD Background Check (local): _____

Fingerprint Background Check (federal): _____

ODE Sexual Misconduct Clearance: _____

AUP/FERPA form: _____

***All requirements** listed above must be met **prior to start date**. Clearance usually takes approximately one week.