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

A/R (*check appropriate box*)
☐☐ District View Only
☐☐ Other: _____
☐ REMOVE ALL ROLES

School Area Level – [A]dd/[R]emove

(*check appropriate box*)
☐ North ☐ Northwest ☐ South ☐ East
☐ West ☐ Achieve 180 ☐ All Schools
☐ Other (specify campuses): _____
_____
_____

A/R (*check appropriate box*)
☐☐ View Only
☐☐ Discipline View
☐☐ Other: _____
☐ REMOVE ALL ROLES

Campus Level – [A]dd/[R]emove

Location #: _____   Campus: _____

A/R (*check approp. box*)	**A/R** (*check approp. box*)	**A/R** (*check approp. box*)
☐☐ View Only	☐☐ Student Sched.	☐☐ TREx
☐☐ School Enrollment	☐☐ Master Sched.	☐☐ Health
☐☐ Office Attendance	☐☐ English Learner	☐☐ Socioeconomic
☐☐ Ofc. Grade Reporting	☐☐ Gifted & Talented	☐☐ IAT Liaison
☐☐ Discipline View	☐☐ Career Tech Ed.	☐☐ Interventionist
☐☐ Discipline Editor	☐☐ At-Risk	☐☐ Special Ed View
☐☐ Magnet	☐☐ Title I	☐☐ Teacher
☐☐ Other: _____		

☐ REMOVE ALL ROLES

INTERNAL USE ONLY

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.

TREx/TEAL USER NAME: _____

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

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

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: _____

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