

GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT



Security Access Request



Employee Information

Name: _____

Position: _____

Employee ID: _____

Location: _____

Start Date: _____

End Date: _____

Family Educational Rights and Privacy Act

Based on the Family Educational Rights and Privacy Act (FERPA), confidential information about students may not be released without specific written consent of the parent or eligible student. Information such as grades, student ID number, social security number, ethnic background, and student schedule may not be released to anyone other than the eligible student or parent or guardian and should NEVER be released over the phone unless identification of the requestor has occurred.

Keep your account login information safe! Every Employee is accountable for the changes made in the Frontline/TEAMS system.

All changes are logged for auditing purposes.

Agreement

By signing below, you are acknowledging that you have read the district's Security Policy for Personal Computing and Electronic Communications *located in the employee handbook* and agree to abide by the stated provisions. In consideration for the privilege of using the district's electronic communications system, I hereby release the district, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the system, including, without limitation, the type of damages identified in the district's policy and administrative regulations. I also understand the responsibilities of authorized users and understand that intentional misuse of data and/or computers can result in disciplinary action and possible termination of employment.

Sensitive Information Control

I understand that I will not download, save, copy, or export any sensitive information out of any GCCISD computer system unless it is completely necessary and with my immediate supervisor's approval. If I do, I will not e-mail this information or save this information to portable storage devices such as cd/DVD, floppy disk, portable flash drives, etc. I also understand that if I am storing sensitive information on a district computer that I will notify the Technology Department immediately for their support in encrypting the computer to prevent information theft. If I believe that any sensitive information may have been lost or stolen, I will notify the Technology Department immediately.

Describe Access Needed:

Justification:

Director, Principal or Supervisor Name: _____

User Signature: _____

Director, Principal or Supervisor Signature: _____

Date: _____

The employee has read the District's Security Policy for Personal Computing and Electronic Communications and signed the employee handbook signature page.
This signature will be kept on file.