



Reach Each Child

Pulaski County Public Schools
Office of the Information Technology

89 Commerce Street, Pulaski, Virginia 24301

School or SBO Department Name: _____

To access State systems under the control of the Information Technology Department, the employee's Principal/Cabinet Officer must complete this form with appropriate signatures and return to the Information Technology Department. By signing this form the employee certifies they have read and understand both FERPA and HIPPA regulations and disclosing information to unauthorized individuals is in violation of both state and federal regulations. **Whether the individual meets the criteria to have access will be a joint decision between the Principal/Cabinet Officer and the IT Director.**

Employee Name: _____

Employee Signature: _____ Date: _____

Principal/Cabinet Officer Signature: _____ Date: _____

State System to Access: _____

Please list the report(s) the employee requires access to in the system listed above.

Date: _____

Director of Information Technology: _____

Approval

Disapproval