

## **Student Teacher User Access Request Form**

Download the form first to complete and sign electronically. Please fill-in all the sections on this form and get all required signatures before submitting in <a href="Help Desk Web">Help Desk Web</a>.

SCHOOL NAME:			
STUDENT TEACHER INFORMATION			
LAST NAME:		_ FIRST NAME:	····
DISTRICT USERNAME:		CONTACT PHONE #:	
START DATE:		END DATE:	
MASTER TEACHER INFORMATION			
MASTER TEACHER NAME:		CONTACT PHONE #:	
MASTER TEACHER EMPLOYEE ID:			
		the consent of the master teacher. Ther on how to use the applications list	
SECTION A: Instructional Pro	oducts – Add	a check mark to requested produc	ets.
☐ Teacher Access Center an	d Gradebook		
☐ Canvas Portals			
☐ GoGuardian (Elementary &	Middle School	only)	
☐ Class Policy (High School of	only)		
	-	MASTER TEACHER, ADMINIST mpleted before administrator significant controls.	
As an employee of the Everett School I must be treated in a confidential manner result in disciplinary action. Examples to, reports and computer terminal displacement School District information systems and computer arising from my	District #2, I am a er. I am aware th of such data or m ay information. In ems, I hereby relo use of these sys	iality and Acceptable Use Provisions ware that student and employee data to at any breach of confidentiality or abuse laterials which require confidentiality inclusion consideration for the privilege of using a case the Everett School District #2 from a stems, without limitation. Further, I have set the School District Network, which I have	of my position may ude, but are not limited and having access to any and all claims and read and agree to
Student Teacher Signature	 Date	Master Teacher Signature	 Date
Administrator Signature	Date	Administrator Name	
Attach completed form in Help	Desk Web >	Systems/Software/Online Tools	Help.
SECTION D: Learning Managemen	t Services Depa	rtment Approval	
LMS Director Signature		Date	

Revised: March 16, 2022 Questions: Contact LMSstaff@everettsd.org