Student Teacher Technology Request

Technology Access Requested For: _____
First **Last**

Signed Acceptable Use Policy on File? **Yes** **No**

Access Rights Requested (check all that apply):
☐ **Student Teacher Basic Computer/ Email Access**
☐ **Student Teacher Skyward Access (Student Side)**

Technology Access: Start Date _____ **End Date** _____

HR Approval: _____

Email completed form to venetiasneed@misdmail.org (HR Specialist)

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TO BE COMPLETED BY DISTRICT PEIMS COORDINATOR

Computer Access: User Name_____ **Password**_____

SKYWARD Access: User Name_____ **Password**_____