



**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
ESCHOOLPLUS USER ACCESS FORM**

New User Request

 Update Current Access

 Delete User Access

USER INFORMATION

Last Name:		First Name:	
Campus/Department:		Job Title:	
BISD E-mail:		Phone:	

USER ACCESS REQUEST

ACCESS REQUEST:

PRINCIPAL/ADMINISTRATOR AGREEMENT

- This is a request to assign or change a user login for the employee listed above.
- This employee is currently employed at our campus or department. I understand that I (the Administrator) am assuming responsibility for all activities that this employee undertakes while he or she is using any of the Student Management Software Applications.
- Furthermore, I agree to immediately notify Computer Services (in writing) when this employee is no longer employed in your department or campus. This form must be approved by the principal or senior department administrator.

Name:	
Signature:	
Date:	

USER AGREEMENT

- I understand that I am NOT to permit anyone else to use my login and password.
- Sharing my login can result in its revocation.
- I will not compromise the confidentiality and privacy of the data, and I understand that intentional misuse of resource privileges may be subject to BISD Local Policy.
- This form may be emailed or faxed to 548-7933 when complete. Please allow at least 24 hours to have an account activated/updated.

Name:	
Signature:	
Date:	

COMPUTER SERVICES USE ONLY

User Login:		Service Rendered: Add___ Change___ Delete___
Completed By:		
Date:		