Virgin Islands Department of Education
PowerSchool Student Information System (SIS) Access Request Form

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EMPLOYEE INFORMATION

Full Name: _____ Position/Title: _____

Employee # _____ Division/School: _____

Work Email: _____ Work Phone: _____ Ext. _____

ACCESS TYPE REQUESTED

Select all that apply:

☐ Teacher ☐ Analyst/Registrar ☐ Counselor ☐ Administrator ☐ Data Clerk
☐ District Office Staff ☐ School Support Staff
☐ Other (Specify): _____

JUSTIFICATION FOR ACCESS

Describe the specific job duties requiring SIS access:

_____

_____

REQUESTED PERMISSIONS

Select the level(s) of access needed:

- ☐ View-Only Access
- ☐ Edit Access (Grades, Attendance, Scheduling)
- ☐ Enrollment/Registration Access
- ☐ Discipline Entry Access
- ☐ Health Information Access
- ☐ Reporting / Data Export Access
- ☐ Administrative Access
- ☐ Other (Specify): _____

SUPERVISOR APPROVAL

I certify that the employee listed above requires SIS access to perform assigned duties and meets all VIDE requirements for system use.

Supervisor Name: _____

Supervisor Title: _____

Supervisor Signature: _____

Date: _____

PRE / POWERSCHOOL ADMINISTRATOR USE ONLY

Access Level Assigned: _____

Role Group: _____

School(s) Assigned: _____

Account Created By: _____

Date Activated: _____

Notes:_____

_____

SECTION 7 - USER ACKNOWLEDGMENT

I acknowledge that I must comply with all VIDE SIS policies, including confidentiality, data security, and proper system use. I understand that all activity is monitored and violations may result in disciplinary action.

Employee Signature: _____ **Date:** _____