Atlantic City Public Schools

Request for PowerSchool Administrator Access

Name	**Title**
School	

Type of Request	**Level of Access**
☐ New Access Request	☐ View Only
☐ Modification of Existing Access	☐ Modify/Edit
☐ Temporary Access	

Requested access date	**End date (if applicable)**
	☐ N/A

Why is administrator access needed? What job responsibilities require this access?

What tasks will be performed in PowerSchool?

What student data will you access?

ADMINISTRATOR APPROVAL

Name	Signature	Date

I certify that the requested level of access is necessary for this employee to perform their job responsibilities.

DIRECTOR APPROVAL

	Signature	Date
Michael Bird *Director of Assessments & Special Projects*		