

**FORM TO ADD, CHANGE, OR DELETE USERS**

**EFFECTIVE DATE/TIME** \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING**

**ADD** \_\_\_\_\_ **DELETE** \_\_\_\_\_ **CHANGE** \_\_\_\_\_

**APPLICATION: WinCap** \_\_\_\_\_ **nVision** \_\_\_\_\_ **Timepiece** \_\_\_\_\_

**Name** \_\_\_\_\_ **Legal Name Change** \_\_\_\_\_

**District** \_\_\_\_\_ **Job Description (ex: Payroll)** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **Email** \_\_\_\_\_

**CBO Employee** \_\_\_\_ **Yes** **Name of CBO** \_\_\_\_\_

**Location within district** \_\_\_\_\_

**Reason for change:** \_\_\_\_\_ (New user, name change, in-district move, no longer employed, etc)

**Printer Location** \_\_\_\_\_

**Printer IP Address** \_\_\_\_\_

**Printer Model** \_\_\_\_\_

**Printer Functions (Duplex, etc)** \_\_\_\_\_

I hereby accept this information as accurate for the purpose of accessing secure financial systems for the school district and accept all responsibilities herein.

**Superintendent Name (Print)** \_\_\_\_\_

**Superintendent Signature**  **Date** \_\_\_\_\_

**Who should we contact when completed?**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Email this form to:** [nvisionteam@e1b.org](mailto:nvisionteam@e1b.org) for nVision  
[tswincap@e1b.org](mailto:tswincap@e1b.org) for WinCap