

# SYSTEM ACCESS REQUEST FORM

#### STUDENT PROFILE

#### Completing this form

Please complete the Systems Access Request Form by answering all questions on the form. Required items are annotated with an asterisk (\*). Information provided is primarily used to grant you access to the specified applications and will not be used for any other purpose.

#### Submitting your Application Request

Once completed and signed, email or fax the form, along with the signed <u>Mayoral Directive</u>, to the Office of Academic Policy and Systems (OAPS): <u>oaps@schools.nyc.gov</u> . Your account should be processed within one week.

## After submitting your request

Ensure that your outlook contact information reflects your correct location, name, phone number, and job title. Update your outlook information here: <a href="https://dir.nycenet.edu/CentralSelfService">https://dir.nycenet.edu/CentralSelfService</a> or call the Help Desk at 718 935-5100.

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## STUDENT PROFILE

Central Users (non-school, district, or BFSC) staff should use this form to request access to Student Profile (<a href="http://nycenet.edu/studentprofile">http://nycenet.edu/studentprofile</a>). Email completed form and Mayoral Directive to <a href="https://open.com/OAPS@schools.nyc.gov">OAPS@schools.nyc.gov</a>.

Security Office Use Only

						PROCESSED BY			
USER INFORMATION									
FIRST NAME		LAST NAME				ACCOUNT STATUS		☐ Approved ☐ Denie	
FIRST NAME	LAST NAME				Submitted Mayor Directive		al □ Yes □ No		
DOE EMAIL (JDOE@schools.nyc.gov)			PHONE NUMBER			DATE ENTERED			
			( )	)		USER ID			
TITLE									
USER LOCATION (Select C	)no)					CONTACTED ON:		INITIALS	
•	E/TEAM								
□ (U)									
STUDENT PROFILE A	PPLICATION	ACCESS	3						
REQUEST TYPE (Select Or	ne)								
☐ Activate Account	Please accor	npany thi	is form wit	th a signed					
Activate Account	Mayoral Direc	ctive (http://bitly.com/DOEESSP)							
	REASON (Select One)								
Deactivate	☐ Admin Request								
	☐ System Abuse								
Account	□ Other								
0101117117									
SIGNATURES  By receiving a userID I as	ccent the respor	nsihility for	r its nroner	and official usag	e /				
have signed the Acknowl					0.7				
User/ Requestor's Signature			DATE						
Supervisor's Name (Print	) Signatur	e		DATE					
,	,								