

**ISD709 Infinite Campus Access Request Form
For Staff Employed by the School District**

Forms MUST be submitted directly to the Technology Department.

As district employee in the Duluth Public Schools, I am requesting access to ISD709's Infinite Campus System. By signing this form, I am indicating I have read, and understand, District Policy and Regulations 5060, 3187 and 3189.

I currently have an active Network Account and that this form is required in order to receive access to student data.

First Name _____ Middle Initial _____ Last Name _____

Access Start Date: _____ (month/date/year)

Job Title: _____

Primary Work Site: _____ Work Phone & Ext. _____

Reason / Justification for Access: _____

Access Type: _____ **Read Only** _____ **Edit**

Comments: _____

1. I understand it would be a violation of School Board policy to allow another person to use my login user name or password.
2. I understand that I will be held accountable for all activities that happen under my login user name and will ensure my password is secure.
3. I understand that the network is monitored and any information electronically stored on District equipment is District property and may be altered, deleted, electronically backed up, or retained and archived.
4. I understand if I have access to employee or student information that I will be responsible for protecting that information and not releasing the data to unauthorized employees or outside agencies. If an employee asks for employee or student information, I will confirm with my supervisor that I may release this information and the requestor is authorized to receive the information. If any non-District employee or agency requests data, I will refer the request to the District Public Relations Office. I understand that failure to protect employee or student information in accordance with School Board policy and/or Minnesota State law for data privacy could result in disciplinary actions, including civil court action as defined and allowed by Federal and State law.

Applicant's Signature _____ **Date** _____

School District Supervisor's Signature _____

Date _____