

Request for Adult-SIS UserID Authorization

Los Angeles Unified School District
Office of Data and Accountability

Please print all information.

Identification (completed by user)

Request Date: ____/____/____

Name (First) _____ (MI) _____ (Last) _____

Employee # _____ Position _____ Title _____

School/Office Name _____ Phone # () _____ - _____

LAUSD email _____ @lausd.net Location Code(s) _____

AIM Password (please create your own alphanumeric password - **8 characters minimum**) _____

Submission/Agreement (completed by user)

- I understand that the use of LAUSD computer equipment, software, and information is restricted to District-approved work only, and that I will be the only one authorized to use this UserID.
- I understand that in order for this application to be processed I must have an active LAUSD email account and provide the alphanumeric passwords.
- I understand that notification of approved access to Adult-SIS AIM-SRM via LAUSD email will be the only notification I will receive and that it is my responsibility to check my email.

Agreed / Signed _____

Date ____/____/____

Endorsement (completed by user's location principal/administrator)

- **Application requested:** _____ **Adult-SIS UserID Request:** ☐Add ☐Change ☐Delete
- **UserID Profile:** ☐Admin. ☐Site Coord. ☐Comp. Op. ☐Clerk 1 ☐Clerk 2 ☐Counselor (APACS only)
☐Clerk/Counselor ☐WIA Coord. ☐SW-S (Perkins Survey) ☐View/Print ☐Dashboard
- **Endorsement:** _____ Date ____/____/____
(Location Principal/Administrator Signature)
- **Print Administrator's Name and Title:** _____

FOR ADULT-SIS USE ONLY

- | | |
|--|---------------------------|
| () Request submitted to ITD Security – IM _____ | Date _____ Initials _____ |
| () Added to All-User List/School List | Date _____ Initials _____ |
| () Reactivate Former Account | Date _____ Initials _____ |
| () Update AIM Password ONLY | Date _____ Initials _____ |
| () Account created in AIM AIM UserID: _____ | Date _____ Initials _____ |
| () Notification email sent to user/ASIS Coordinator _____ | Date _____ Initials _____ |

Fax completed form to:
ADULT-SIS (213) 241-6939
(No cover required)