Request for Adult-SIS UserID Authorization

Please print all information.

Identification (completed by user)

Request Date: ___ / ___ / 20___

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

Employee #_____ Position _____TEACHER_____

School/Office Name _____ Location Code(s) _____

LAUSD email _____ @lausd.net Phone # (___) _____ - _____

AIM Password (please create your own alpha-numeric 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 alpha-numeric 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 ___ / ___ / 20___

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

• **Application requested:** _____Adult-SIS_____ **UserID Request:** ☑Add ☐Change ☐Delete

• **UserID Profile:** ☑ Teacher (eAttendance)

• **Endorsement:** _____ Date ___ / ___ / 20___
   (Location Principal/Administrator Signature)

• **Print Administrator's Name and Title:** _____, Principal _____

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)