

School District of Philadelphia
Information Technology
Request for SCN Access

**** (All fields marked with an * are required. Requests missing fields will not be processed)****
Please note that this form is fillable - please type in your information, print, sign then fax
 Please FAX the completed form back to the IT Help Desk 215-400-5556
 If you have any questions regarding this form please call 215-400-5555

Requester's Information

Name: * _____

Contact #: * _____

Employee SSN: * XXX-XX-____ or Employee #: xxxxxx _____ * ____ Male ____ Female
(last 4 digits only) (last 4 digits only)

Email Address: * _____

Previous Location Access

Location#: _____ Location Name: _____

I, ____ did not have a login or I, ____ had/have account

____ Keep Active or ____ Term Access Previous Account Login: * SCH _____ .IND

My position: * _____

Requesting Location Access

Location#: * _____ Org/School's Name: * _____
(Org/School) (Org/School)

Access duration (check one): * ____ permanent or ____ temporary until ____/____/____

Position at this location: * _____

Are you replacing anyone? ____ no ____ yes

Name of person being replaced &/or Login: * _____

****Primary functions to be performed using the SCN (e.g., view only, secretary, nurse, etc.)**

* _____
 Principal/Administrator's Signature & Title

* _____
 Requestor's Signature & Date

Inner office use only

Date Received: ____/____/____ LT I# _____ Date Completed: ____/____/____
 ____ Approved ____ Created Rights _____ ____ New = ____/____/____ Activated ____