School District of Philadelphia
Office of Information Technology
Request for ScholarChip Access

PLEASE PRINT CLEARLY

_____   Employee ID #-_____
Print Name

_____
                                    Email

_____   _____   _____
org #   school/org name   work phone #

Access duration (check one)   ____ **permanent**

                                                        ____ **temporary until ____/____/____**

I ___ **had** ___ **did not have** **a login at my last location.**

Last location _____

Position at last location _____ **Position at new location** _____

Are you replacing anyone? ___ **yes** ___ **no**

Name of person being replaced _____ **Primary**
functions to be performed using ScholarChip system (e.g., view only, classroom attendance,
attendance reconciliation, discipline events, etc.)

_____

_____ _____

Requestors Signature: **Date:**

Please send this form with the principal/administrator's signature, requesting access, on
official letterhead stationery.

Scan e-mail request to: John Robinson (jrobinson@inspirecomm73.com) of ScholarChip

Any questions, call Help Desk 215-400-5555

(_Revised: September 2019_)