



School District of Philadelphia External User Access Request Form

General Instructions and Information:

- Please print all information. Every field is required. Use multiple forms as needed.
- **If the user will be participating in any District sponsored Professional Development, the Professional Personnel (Pennsylvania State) ID number is to be supplied. Otherwise, Act 48 credits cannot be submitted to the state.**
 - o For PPID info please visit their website: <https://www.perms.ed.state.pa.us/Screens/wfPublicAccess.aspx>
- "Sponsor" - the school, office or organization that approves access to the list of users.
- All accounts will automatically be deactivated June 30th at midnight of the current school year.
 - o The sponsoring office can submit a Re-activation request to the Technology Help Desk (215-400-5556).
- **DO NOT** fill in the **Username or Password** field – this information will be faxed/e-mailed to you.
- **In the 'APPLICATION' section please check appropriate box for system(s) you are requesting access to.**
- Any questions, or concerns, please call the IT Help Desk @ 215-400-5555.

REQUESTED APPLICATION(S):

- | | | | |
|--------------------------------------------|-----------------------------------|--------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> K-8 Grade Book | <input type="checkbox"/> Easy IEP | <input type="checkbox"/> E-Metrics | <input type="checkbox"/> ISI Dashboard |
| <input type="checkbox"/> 9-12 Report Cards | <input type="checkbox"/> PIB | <input type="checkbox"/> PVAAS | <input type="checkbox"/> SIMS |
| <input type="checkbox"/> SchoolNet | <input type="checkbox"/> ROR | <input type="checkbox"/> CSAP | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Textbook Tracking | <input type="checkbox"/> SMS | <input type="checkbox"/> Teacher Assignment (Early Childhood only) | |

Requester's Name: User's Phone:

Requester's E-mail:

Company / Organization Name:

School Number: School Name:

SDP Sponsoring Office:

SDP Sponsor Name:

SDP Sponsor E-mail*: @philasd.org * must be an SDP employee

REQUIRED USER INFORMATION:

User Type: 1-Principal / 2-Teacher / 3-General User

First Name	Last Name	State ID Required (Principals & Teachers)	User ↑ Type	Account Reactivation Provide UserID Here

FAX COMPLETED FORM TO: IT Help Desk @ 215-400-5556

Sponsor Signature: _____

Date: _____