

FOCUS ACCESS FORM (Schools)

Today's Date: _____

Name: _____ User Name: _____

School/Center#: _____ Start Date: _____ End Date: _____
if applicable

New User Change in Security **Person Copying/Replacing:** _____
(If applicable)

Copy User Replace User **User Name of Person Copying/Replacing:** _____
(If applicable)

Job Title (This will be the assigned Profile):

Additional Access Requesting: _____

Reason for Additional Access: _____

Recommended by:

Principal/Assistant Principal C & I. By signing this request for access you are agreeing to the following Florida Statute: FL S 1002.22.(3)(d)2 states agencies shall limit access only to personnel 'who have legitimate educational interests' defined as the need to review an education record in order to fulfill professional responsibility and complete job duty.

Send completed form to [Rose Elarde](#) via email.

Printed Name of Principal/APC: _____

Title: _____

Signature: _____ Date: _____

Completed: _____ Date: _____
Rose Elarde, Technology Department

Access Given: _____

