

System Access Request Form: ATS

USER INFORMATION	
First Name	Last Name
schools.nyc.gov Email Address	Work Phone ()
Title	
User Location (Select One)	
<input type="checkbox"/> CENTRAL (Universal) OFFICE	
<input type="checkbox"/> FIELD SUPPORT (BFSC/SST)	Field Support Location
	<input type="checkbox"/> Affinity Group <input type="checkbox"/> Brooklyn North
	<input type="checkbox"/> Manhattan <input type="checkbox"/> Brooklyn South
	<input type="checkbox"/> Bronx <input type="checkbox"/> Queens North
<input type="checkbox"/> Staten Island <input type="checkbox"/> Queens South	
<input type="checkbox"/> SUPERINTENDENT OFFICE (District)	District Number
<input type="checkbox"/> SCHOOL	District, Borough, Number (e.g. 25Q123)
<input type="checkbox"/> OTHER	

REQUEST TYPE (SELECT ONE)	
<input type="checkbox"/> New	Please accompany this form with a signed Mayoral Directive
<input type="checkbox"/> Modify an Account ATS User ID: _____	<input type="checkbox"/> Add Location <input type="checkbox"/> Reactivation <input type="checkbox"/> Change Location <input type="checkbox"/> Change Access level
	Change Location/Access Level FROM _____ TO _____
<input type="checkbox"/> Deactivate an Account ATS User ID: _____	REASON (Select One)
	<input type="checkbox"/> Administrator's Request <input type="checkbox"/> Multiple IDs <input type="checkbox"/> System Abuse <input type="checkbox"/> No Longer at Site <input type="checkbox"/> Guidelines Not Met <input type="checkbox"/> Other _____

ATS ACCESS LEVEL (Select One)	
<input type="checkbox"/> School Secretary	<input type="checkbox"/> Health/Transportation Updates/Reports
<input type="checkbox"/> Attendance/Bio Updates/Admits, Discharges, Transfers	<input type="checkbox"/> View Only with Transportation/Reports
<input type="checkbox"/> Attendance with Health and Transportation	<input type="checkbox"/> View Only/ Reports/No Updates
<input type="checkbox"/> Bio Updates/Reports/ No Admits, Discharges or Transfers	<input type="checkbox"/> View Only with ILOG
<input type="checkbox"/> Attendance/Reports/ No Bio Updates	<input type="checkbox"/> Guidance Counselor
<input type="checkbox"/> Principal Only	
<input type="checkbox"/> Other _____	

SIGNATURES	
By receiving a User ID I accept the responsibility for its proper and official use. I have signed and submitted the Acknowledgment of Receipt of Mayoral Directive 81-2.	
User Signature	DATE
Principal/Supervisor/Superintendent's Name (Print)	
Principal/Supervisor/Superintendent's Signature	DATE

Instructions

Before you complete this form, please:

1. Make sure that your Outlook email contact information reflects your correct location, name, phone number and job title. To update your Outlook profile: please use the following link (<https://dir.nycenet.edu/CentralSelfService/>) or call the Help Desk at (718) 935-5100.

2. If you are requesting a new account, get the appropriate signature on the [Mayoral Directive](#).

Then, email or fax your paperwork to:

 systemsaccess@schools.nyc.gov

 (718) 326-8140

Please allow 1-3 business days for your request to be completed. You will receive an email confirmation once access has been granted.

Find this form at:

<http://intranet.nycboe.net/IT/Applications/systemaccess>

Security Office Use Only	
PROCESSED BY	
ACCOUNT STATUS	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Submitted Mayoral Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE ENTERED	
USER ID	
SCOPE/ ACCESS LEVEL	
CONTACTED ON:	INITIALS