



SKYWARD® System Access Request Form

(This form must be completed by the Principal/Supervisor and then submitted to the ITS Department)

COST CENTER	
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Indicate 'X' for Action Requested →	ADD		CHANGE		REMOVE	
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Employee Name		Position	
Email Address		Phone	

Complete this box for a Non-School Board Employee

Name		Position	
Email Address		Phone	

(Please specify type of access requested for each component of Skyward)

I = Inquiry Only **U** = Update Authority **N** = No Access

Access Type	Component
	Academic Grades
	Academic History
	Attendance
	Bus Transportation
	Discipline
	Family/Emergency Contact Information
	Health
	Special Programs
	Student Demographics
	Student Schedules
	Teacher

Date action is to become effective →	
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If the person is NOT a teacher please specify the primary responsibilities for this person in the box below.

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Supervisor's eSignature of Approval

Date

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ITS eSignature of Approval

Date