CVUSD Computer Security Authorization

_____
School site name

Please give this user the following AeriesCS Security Roles:
√ *check appropriate boxes*

Roles	☑	Roles	☑

USER INFORMATION:

_____
Name (First Last)

_____
Job Title

_____
Telephone/Extension

New User ☐

Substitute ☐
Start Date: _____

End Date: _____

New Aeries User ☐
   (Must take Aeries Overview)

New ABI User ☐

Needs an e-mail account ☐

User transferred from/ ☐
       also at: ☐

_____

Please remove access to the
checked Roles ☐

User no longer at site as of: ☐

End Date: _____

Please remove all access ☐
   (User has left the District)

_____   _____
Principal/Designee   Date

*   Must also get permission of the Appropriate D.O. Department for additional access.
‡   Must take Letter Editor/Mail Merge class to have Update/Add/Do access.
†   Additional responsibilities required - agreement between I.S., Site Admin & User needs to be reached.