LACES Access Request Form

I understand I am requesting access or to have access removed for myself or for another person for LACES. I will not release confidential information to others unless it is for the purposes directly connected to the program for which purpose it was originally intended. Each agency is responsible for maintaining secure systems with which to access state systems to ensure the data is safeguarded. Each user must choose a strong password and secure their username and password. Usernames and passwords must never be shared or reused. Each user must agree to use the data only within the direct scope of their current employment and within the scope of the role granted, and to comply with FERPA and the OPI Student Records Confidentiality Policy.

Requester Name: _____   Date: _____

User Information

Full Name: _____   Email: _____

Phone: _____

☐ New User

☐ Remove User: _____

Agency: _____

☐ Existing User: _____

Job Duties: _____

☐ **ADD ROLES**   ☐ **REMOVE ROLES**

☐ Agency Full Access

☐ Agency Read Only

☐ Data Entry Clerk III

☐ Teacher III

See back of form for role definitions

Authorized Representative Signature

Name: _____   Title: _____   Phone: _____

Signature: _____   Date: _____