



**Application Access Form
District & School Level Request**

Purpose of Request: (Select One)
 New Access
 Modify Access
 Remove Access

User Role: (Select One)
 District User
 School User
 Contractor

First Name:

Last Name:

District Name: _____ **District Number:** _____

School Name: _____ **School Number:** _____

Job Title:

Current User ID: (If applicable)

Teacher License Number: (If applicable)

Work Email Address:

Work Telephone Number:

Select one role per application request.

Accountability	District User	Graduation Cohort	District User
College & Career Readiness SharePoint (CTE Director Only)	CTE Director	Highly Qualified Teachers	District User
Data Reports	District User School User	Local Payment Processing	Payment Requestor
EIS Production	District User District EIS Approval ADM District EIS Error Correction User School User School EIS Error Correction User	Personal Information Reporting System (PIRS)	Inquiry User
Enhanced EIS Data Entry	District User	School Nutrition	District User School User
eReporting	Chairperson of BOE County Clerk/City of SSD Recorder District Inquiry District User Superintendent/Director Trustee/Treasurer/Fiscal Agent		
eTiger	Instructor Program of Study Read Only User (CTE Director Level)		
Federal Application Consolidated Tracking System (FACTS)	Instructor Program of Study User	Attendance Funding	District Read Only District User District Approver (NOTARY REQUIRED) School Read Only School User

Notary Public (The Notary is required only if applicant is requesting District Approver access to Attendance Funding. The Notary's signature is also required. Please scan and email the Application Access Form.)

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____
Month Year

Signature of Notary Public

My commission expires on _____, _____
Month Year

[Notary Seal]

Justification: All access must be justified. List specific job duties that require access to the requested application(s). Additional information relevant to your request should be included.

By entering my name below, I attest to the accuracy of information provided on this form. In addition, I understand that by virtue of employment with the TDOE, I may have access to confidential student and teacher data, including personally identifiable information (PII). I understand that the unauthorized disclosure of PII is prohibited by federal and state law, including the Federal Educational Rights and Privacy Act of 1974 ("FERPA"), the Tennessee Data Accessibility, Transparency and Accountability Act ("DATAA"), Individuals with Disabilities Education Act ("IDEA"), and the National School Lunch Act.

I acknowledge that I fully understand that improper disclosure of PII to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that improper disclosure of PII violates TDOE policy and could constitute just cause for disciplinary action, including termination of my employment, regardless of whether criminal or civil penalties are imposed.

Employee Name: (First & Last Name)

Supervisor's Name: (First & Last Name)

Title:

Supervisors: *Please send the completed form to the district representative (EIS Contact). This form must be submitted by a district representative.*
[Click here to see a list of district representatives.](#)

Submitted By: (First & Last Name)

District representatives (EIS Contacts) should only accept forms from district supervisors.

Date Form Completed:

Please send the completed form to the e-mail address listed below.

EIS.Help@tn.gov

Internal Tennessee Department of Education Use Only

I hereby attest that the information on this form is accurate to the best of my knowledge. I further attest that the employee indicated above requires access to the checked application(s).

Access Granted To The Following Application(s):

Processor Name:

Account Activation Date:

Accountability

Attendance Funding

College & Career Readiness SharePoint

Data Reports

EIS Production

Enhanced EIS Data Entry

eReporting

eTiger

Federal Application Consolidated Tracking System

Graduation Cohort

Highly Qualified Teachers

Local Payment Processing

Migrant LEA Uploads

Personal Information Reporting System

School Nutrition

New/Current Account User ID:

Additional Notes: