

SCHOOL DISTRICT OF OKALOOSA COUNTY  
PAWS SECURITY REQUEST FORM

**SCHOOL AND/OR DISTRICT ACCESS**

**Instructions: Please provide the following information for user requesting PAWS access. Once completed and signed, please return to Information Systems by courier, fax (689-7440) or email (ISHelpDesk@okaloosaschools.com). If you have any questions please call the Help Desk at 689-7164.**

<b>Employee Information</b>	Dept/School Name: _____	Number: _____
	Request Date: _____	Effective Date: _____
	Employee Name: _____	DOB: _____
	Current User Id: _____	Employee Id: _____
	User Phone #: _____	Dept/School Phone #: _____
	Employee's Position: _____	

<b>Security Access</b>	New User: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Transfer User: Yes <input type="checkbox"/> No <input type="checkbox"/> From: _____
	School: <input type="checkbox"/> District: <input type="checkbox"/>
	Multi-Center: <input type="checkbox"/> Centers: _____

**Title Access (see appendix for details):**

- |  |  |
|--|--|
| <input type="checkbox"/> District Administrator      | <input type="checkbox"/> ESE Teacher (3 Digit Id: _____) |
| <input type="checkbox"/> Principal                   | <input type="checkbox"/> Teacher (3 Digit Id: _____)     |
| <input type="checkbox"/> Assistant Principal         | <input type="checkbox"/> Lunchroom Manager               |
| <input type="checkbox"/> Counselor                   | <input type="checkbox"/> School Resource Officer School  |
| <input type="checkbox"/> Staffing Specialist         | <input type="checkbox"/> Nurse                           |
| <input type="checkbox"/> School Secretary            | <input type="checkbox"/> Department Head                 |
| <input type="checkbox"/> School Psychologist         | <input type="checkbox"/> Department Secretary            |
| <input type="checkbox"/> Mental Health Counselor     | <input type="checkbox"/> Maintenance Work Order Input    |
| <input type="checkbox"/> Literacy/Math/Science Coach | <input type="checkbox"/> GRADES Attendance Manager       |
| <input type="checkbox"/> Media Specialist            | <input type="checkbox"/> GRADES Manager                  |
| <input type="checkbox"/> STP Monitor                 |  |
| <input type="checkbox"/> School Social Worker        |  |
| <input type="checkbox"/> ESE User                    |  |

Additional Profiles / Additional Notes:

Principal / Department Head Authorization: \_\_\_\_\_  
(Signature)

<b>Information Systems Use</b>	Date Received: _____	User-Id Assigned: _____
	Date Completed: _____	Default Password: _____
	Completed By: _____	Created By: _____
	Additional Approval: _____	