



# HISD SIS SECURITY REQUEST FORM

Submit to: SIS Department (Attn: SIS Security)  
Route 1 · 5827 Chimney Rock · Houston, TX 77081  
or fax to (713) 556-8870

## I. Complete this section for ALL SIS requests.

Employee ID: \_\_\_\_\_ Soc. Sec. #: xxx-xx- \_\_\_\_\_ Network Username: \_\_\_\_\_  
(5 digits) (NOT password)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Current Work Location: Campus #: \_\_\_\_\_ Campus Name: \_\_\_\_\_ Rt. #: \_\_\_\_\_

Work Location Telephone #: \_\_\_\_\_ Position/Title: \_\_\_\_\_

## II. Complete Section I and Section II to ADD or REMOVE a role assignment.

When requesting change to CSO/SIO Level access, also specify the CSO/SIO. When requesting a change to Campus Level access, also specify the campus' location number and name. Additional forms are required for access to additional campuses.

District Level – [A]dd/[R]emove	Campus Level – [A]dd/[R]emove		
<b>A/R</b> (check appropriate box) <input type="checkbox"/> District View Only <input type="checkbox"/> District Health <input type="checkbox"/> District Special Education <input type="checkbox"/> Other: _____ <input type="checkbox"/> REMOVE ALL ROLES	<b>Location #:</b> _____ <b>Name:</b> _____ <b>A/R</b> (check approp. box)	<b>A/R</b> (check approp. box)	<b>A/R</b> (check approp. box)
	<input type="checkbox"/> Principal <input type="checkbox"/> Discipline Edit <input type="checkbox"/> Register / Enroll / Withdraw <input type="checkbox"/> R/E/W w/ Attendance <input type="checkbox"/> R/E/W w/ Grade Reporting <input type="checkbox"/> Other: _____ <input type="checkbox"/> REMOVE ALL ROLES	<input type="checkbox"/> Magnet <input type="checkbox"/> Student Sched. <input type="checkbox"/> Master Sched. <input type="checkbox"/> Special Pops <input type="checkbox"/> Special Ed. <input type="checkbox"/> Special Pops w/ Special Ed.	<input type="checkbox"/> PRS / PEP <input type="checkbox"/> Health <input type="checkbox"/> SIS Data <input type="checkbox"/> View Only <input type="checkbox"/> View Only w/ Discipline <input type="checkbox"/> Teacher
<b>CSO/SIO Level – [A]dd/[R]emove</b> <small>(check only one box for level and specify on line below)</small> <input type="checkbox"/> CSO <input type="checkbox"/> SIO <input type="checkbox"/> All Schools Specify (CSO/SIO): _____ <b>A/R</b> (check appropriate box) <input type="checkbox"/> View Only <input type="checkbox"/> View Only w/ Discipline <input type="checkbox"/> Other: _____ <input type="checkbox"/> REMOVE ALL ROLES	<b>INTERNAL USE ONLY</b>    		

## III. Complete ALL sections to request a change of location. Failing to do so may prevent access.

All role assignments will be removed from the *Previous Work Location* specified below. Previous role assignments are not transferred. Only the roles selected in Section II are applied.

Previous Work Location: Location/Org #: \_\_\_\_\_ Name: \_\_\_\_\_  
Current Work Location: Location/Org #: \_\_\_\_\_ Name: \_\_\_\_\_

*Access will not be granted without signatures and dates.*

Requestor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approver's Printed Name: \_\_\_\_\_  
(please print legibly) (Principal, Executive Principal, SIO, CSO, or Superintendent)

Approver's Signature \_\_\_\_\_ Date: \_\_\_\_\_