

**Shelby County Schools**  
**AMSI SECURITY AUTHORIZATION DATA ACCESS FORM**

Name of Requestor: \_\_\_\_\_

School/Div/Dept Name: \_\_\_\_\_ Loc. \_\_\_\_\_

Phone Number: \_\_\_\_\_ User ID: \_\_\_\_\_

Non-Disclosure Clause: I understand that I am requesting access to confidential data and that I will not divulge any information to any person or organization without proper authorization. I also understand that any copies, printed forms, handwritten documents, or storage device of the same confidential data will be treated in the same manner. I am aware that failure to comply with this statement is cause for disciplinary action.

\_\_\_\_\_  
SIGNATURE OF REQUESTOR/TITLE DATE

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR/TITLE DATE

Tammy Bradford, Data Information Specialist  
SIGNATURE OF DATA STEWARD/TITLE DATE

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**FOR SECURITY ADMINISTRATOR USE ONLY**

TYPE OF ACCESS

(Read)	(Update)	FILE NAME and/or TRANSACTIONS
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Data Security Analyst: \_\_\_\_\_  
(Signature)

Approved:

Disapproved:

Reason: (if not approved)