Special Access Request Form
- Teachers requiring schoolwide access
- Central staff
- Contractors (CIT, TAP, etc.)
- Summer school principals

The persons signing this form attest to the requester’s legitimate and ongoing educational purpose (see district policy FL) for accessing student data at a school or schools. The form, FAX number, and e-mail address apply only to MyData Portal. For assistance with any other district system (Oracle, Chancery, etc.), contact the Dallas ISD’s Technical Assistance Center; contact information available at http://inet.dallasisd.org/techresources/index.html

INSTRUCTIONS
- Complete all fields and include necessary signature(s).
- Teachers’ requests can only be authorized by principals.
- Central staff, contractors, and summer school principals must obtain the authorization of an executive director or above.
- The person authorizing the account must provide printed name and title with the signature.
- Scan completed form as a PDF and e-mail to OIR@dallasisd.org or FAX to 972.794.3544.
- Confirmation of account activation will be sent to your Dallas ISD e-mail address from OIR@dallasisd.org.
- After an organization change (campus or department), this form must be resubmitted to retain special access.
- Teachers requesting access to multiple campuses: List all TEA numbers in the space provided and obtain all principals’ signatures before submitting. Do not submit individual requests for each school.
- Requesters without employee ID number: Provide last four digits of the SSN in place of a district employee ID number.

REQUERER
Employee ID: ____________________________ Telephone: ( ________ ) ____________________________
Dallas ISD e-mail address: ____________________________ @dallasisd.org ORG #: __________
First Name ____________________________ MI __________ Last Name __________

TYPE OF ACCESS (check only one)
Access to all district schools: □ Central staff
Access to select schools (list below): □ Central staff or contractor* □ Teacher* □ Summer school principal*
* I request access to the following feeder group(s) or TEA number(s):

Describe reason for requesting special access: ____________________________

SIGN
_____________________________ ____________________________
Signature of Requester Date

PRINT
_____________________________ ____________________________
Printed Name and Title of Person Authorizing this Account (see instructions)

SIGN
_____________________________ ____________________________
Signature of Person Authorizing this Account (see instructions) Date

If special access should expire (e.g., at end of school year) enter expiration date: ____________________________

Division of Evaluation & Assessment MyData Portal Special Access Request Form Revised: 27-Jul-16