



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

REQUEST FOR USERID AUTHORIZATION (IBM)
Form #ITD0829594 (Rev. 10/02)

LOS ANGELES UNIFIED SCHOOL DISTRICT
Information Technology Division

Please print all information

IDENTIFICATION (to be completed by the user)

REQUEST DATE ____/____/____

Name (First) _____ (MI) _____ (Last) _____

*Contractor/Consultant _____ Employee Number# _____ Job Class Code _____ Title _____

School/Office Name _____ Loc Code: _____ Building _____ Room _____ Phone () _____ - _____

Request Access to Location Code(s) ____/____/____/____/____/____/____/____/____/____

Submission/Agreement (to be signed by user.) I understand that the use of LAUSD computer equipment, software, and Information will be restricted to District approved work only, and that I will be the only one authorized to use the UserID.

Agreed/Signed _____ Date ____/____/____

ENDORSEMENT (to be completed by user's site administrator)

Application(s) Requested _DCS _HRS _IFS _PTRS _STU LOC OTHER _____

Purpose for Access _____ In place of _____

UserID Request: New _____ Current UserID # _____ Change Request _____ Profile Delete _____

UserID Profile: () Operator () Supervisor () Administrator () Contractor/Consultant Other _____

HRS (only) User Reference Letter(s) _____

Reason for Change: _____ Add Additional Locations ____/____/____/____/____/____

ENDORSEMENT _____ Date ____/____/____

(Principal's/Administrator's Signature)

Print Principal's/Administrator's Name and Title _____ *Controller Approval _____

ITD USE ONLY

UserID Issued _____ S & P _____ Date ____/____/____

Current/Previous Profile _____ New Profile Assigned: HRS _____ I FS _____

PTRS _____ STU LOC _____ OTHER _____

Sec-1 _____ / Sec-2 _____ Sec-3 _____ / Sec-4 _____ Sec-5 _____ / Sec-6 _____ Sec-7 _____ / Sec-8 _____

RACF _____ CICS _____ QMF _____ SQL _____ TSO _____ HRS URFL Updated ____/____/____

PTRS Security level () Certificated: A B C D E F G H I J K L M Classified: N O P Q R S T U V W X Y Z

Comments _____

DCS () Aprvd () Denied _____ Date ____/____/____ DRST _____

HRS () Aprvd () Denied _____ Date ____/____/____ DRST _____

IFS () Aprvd () Denied _____ Date ____/____/____ DRST _____

PTRS () Aprvd () Denied _____ Date ____/____/____ DRST _____

STU LOC () Aprvd () Denied _____ Date ____/____/____ DRST _____

Other () Aprvd () Denied _____ Date ____/____/____ DRST _____

Date Notification Mailed ____/____/____ By: _____

School Mail: BEAUDRY Building – ITD/Administrative Training Support Section, 10th Floor