

EMPLOYEE Request for UserID Authorization – Email Sub-administrator

Los Angeles Unified School District
Information Technology Division

Identification (to be completed by the user)

Request Date: ___/___/___

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

Employee # _____ Job Class Code _____ Title _____

LAUSD email: _____@lausd.net (Only LAUSD email addresses accepted)

School/Office Name _____ Phone # () _____ - _____ x _____

Location Code(s) _____ Local District ___ Building _____ Room # _____

Submission/Agreement (to be agreed to and signed by user)

An email sub-administrator is responsible for creating and maintaining student email accounts at their assigned school site. The school’s principal is responsible for designating an LAUSD employee(s) as the sub-administrator(s) for their school site. The following describes the guidelines and responsibilities of an email sub-administrator:

- Understands 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 this UserID
- Follows the Acceptable Use Policy for District Computer Systems (Bulletin 999)
- Follows the Information Protection Policy (Bulletin 1077)
- Students must have an Acceptable Use Policy signed and filed at the school site before creating an account
- Accounts will only be created for students assigned at the school location
- Follows District Policies and Procedures in reporting suspicious activity
- Understands that failure to follow any of the above may result in disciplinary action, which may include dismissal and criminal prosecution

User Role Requested: **School Email Sub-administrator**

I understand and agree to abide by the guidelines and responsibilities listed above.

Agreed/Signed _____ Date ___/___/___

Endorsement (to be completed by school principal only)

I request the above named employee be designated a school email sub-administrator at my school.

Principal's name (please print) _____ Employee # _____

Signature _____ Date ___/___/___
(to be signed by principal)

ITD USE ONLY	Peregrine No.:	_____
() REVIEWED	ITD Administrator:	_____ / _____ Date ___/___/___
	Print Name	Signature
ITD AUTHORIZATION: () APPROVED () NOT APPROVED		
		Date ___/___/___
Dr. Themistocles Sparangis, Chief Technology Director OR Joseph H. Oliver, III, Director-Instructional Technology Branch		

School Mail to: ITD – Educational Technology Group
Beaudry Building, 10th Floor
Attention: Rudy Rizo, Specialist