

Clark County School District SAP User Access Request

Sections I and II must be completely filled out (Position/Title, CCSD E-Mail address, phone number, etc.). If any portion of this form is not complete, it will be returned to the Principal or Site Administrator and access will not be granted.

Send completed form to IS Help Desk (Loc. 0068), 4260 Eucalyptus Avenue

Section I - Requestor Information			
Print Name (First, MI, Last):		Social Security #: (Last four digits) _____	
Location Name:	Loc. #:	Position/Title:	
CCSD E-Mail Address:		Work Phone #:	
Training will be verified before access is granted.	Training date:	Trainer:	

Section II - Principal/Site Administrator Approval (In the absence of the Principal or Site Administrator, the form should be submitted to a higher level of authority for approval. Principals must be approved by their Supervisor.) Access will not be granted without signatures and dates. <i>Incomplete or incorrect forms will be returned via CCSD mail.</i>		
Requestor's Signature:		Date:
Administrator's Name (Please print):	Position/Title:	Date:
Administrator's Signature:		Date:

Information Systems Help Desk Use Only			
Help Desk Issue Number:	Processed By:	Notified:	Date: