



PORTLAND PUBLIC SCHOOLS

501 N. Dixon Street • Portland, OR 97227

Telephone: 503-916-3050 • IT Service Desk: 503-916-3375 • Fax: 503-916-3162

Mailing Address: P.O. Box 3107 • 97208-3107

OFFICE OF INFORMATION TECHNOLOGY

Nick Jwayad
Chief Information Officer

Non-Employee Account Request Form

This request is for: **Non-Employee Network Access ONLY**

This form is a request for access to PPS IT Resources. It does not provide an email account or capabilities. If you are a student who needs access to the school web server, you must fill out and have a teacher submit this form.

*If you are a PPS employee, please fill out the "Teacher/Staff Email Account Request" Form

Non-Employee Information *(Please type or print clearly)*

Legal First Name (i.e. Kathleen)	Middle Initial	Last Name
Contact Phone Number	Contact Email Account	Type of User (i.e. Parent Volunteer, Vendor, Student, etc.)
Access requested for: (i.e. school webserver access)		
Purpose or Remarks:	Access Required: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> End of School Year	
*If no option is selected, account will be disabled after 30 days *		

I have read the PPSNet Acceptable Use Regulation (AUR) form found at <http://inside.pps.k12.or.us/techhelp/aur/aur.php> and I agree to abide by its provisions. I understand that if I violate the PPSNet AUR, my access privileges may be suspended or revoked and appropriate disciplinary or legal action may be taken.

Your Signature	Date
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By signing below, I agree to be responsible for the content and actions of the above requestor.

Responsible PPS Employee** *(PPS Employee you are working with on the project)*

Name (please print)	School/Building (i.e. Wilson HS)	Signature	Phone Number/Extension
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RedDot Workflow Process:

___ Volunteer can publish school web pages with **no approval** needed

___ Volunteer must have all web page changes **approved by Responsible PPS Employee** before being published

Principal or Department Head Approval** *(Request will not be processed without approval signature)*

Name (please print)	Signature	Phone Number/Extension
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**An e-mail notification will be sent to the responsible employee named above and the "Contact Email Address" to provide PPS Account information.

Please submit completed form via fax to 503-916-3162 or PONY Attn: IT Tech Support, BESC.

If you have any questions regarding this form, please contact the IT Call Center at 503-916-3375.

Information Technology-Use Only		
PPS Login ID	Issued By (Initials)	Date