Request for Access to ISIS Family Module
Form #: ITD-SEC-FORM-102
(10/13/09)

Los Angeles Unified School District
Information Technology Division
Integrated Student Information System (ISIS)
http://isis.lausd.net

Request for Access to ISIS Family Module
Please print all information. All fields are required to process your application.

Identification (to be completed by the user)

Student Name _____ **Date of Birth:** _____/_____/_____ **Grade** _____
              Last   First   Middle   mm   dd   yy

Parent/Guardian Name _____ **Email Address**_____
             Last   First   Middle

Parent/Guardian Address _____
             Number   Street   Apt./Unit   City   Zip Code

Phone (_____)_____ **Phone** (_____)_____ ☐Work **Phone** (_____)_____ ☐Work
     Home   Alternate   ☐Cell   Alternate   ☐Cell

Relationship to Student: ☐ Parent   ☐Legal Guardian   ☐Other* _____

Provide user instructions to the ☐ address above   ☐ student above, during school hours   ☐ school office for pick up

Acceptable Use Agreement
As a user of the Integrated Student Information System (ISIS) Family Module, I understand that I will have access to confidential student and family records and will adhere to the following guidelines:
1. I must guard the student's records from being viewed by non-authorized users.
2. Sharing my ISIS Family Module user name and password with anyone is **not** appropriate and may result in deactivation of my account access.
3. I will not attempt to harm or destroy data, the District network, or the Internet nor will I access data of other users. Any individual identified as a security risk will be denied access to the ISIS Family Module.
4. I will not use the ISIS Family Module for any illegal activity, including violation of data privacy laws. Such violation is subject to civil and/or criminal prosecution.
5. If I identify a security problem with the ISIS Family Module, I will immediately notify local school staff or the Los Angeles Unified School District's Information Technology Division.

I verify that the information I provided in this document is true and correct to the best of my knowledge.

Signature _____ **Date** _____/_____/_____
                                                                  mm   dd   yy

* Attach any needed documentation for legal access to educational records. For more information, ask office staff for a summary of LAUSD policy (Bulletin 1077.1) on appropriate access to confidential student information.

Office Use only	

___ **Approved**
   ___ sent to home address as verified on Access Key
     letter or in SIS
   ___ sent to student in Period: _____ Room: _____
   ___ held in school office file for pick up
 	
Processed by:_____ on____/____/____
          name   mm dd yy
	___ **Denied**
	   ___ Reason_____
	
	   ___ Applicant Notified by_____