



The New York Institute for Special Education  
 Computer Application  
 User Access Request Form

User Name:	New User: <input type="checkbox"/> Existing User: <input type="checkbox"/>	Date:
Bldg & Room Location:		
Extension:	Position/Department:	

**Computer Application**

- IEP Direct
- Microsoft Outlook Email
- Other (for Business Office use) \_\_\_\_\_

<u>Action</u>	<u>Reason</u>
<input type="checkbox"/> Add User <input type="checkbox"/> Delete User <input type="checkbox"/> Modify User Access	<input type="checkbox"/> New Employee <input type="checkbox"/> Employee Termination <input type="checkbox"/> Employee Change in Assignment / Responsibilities <input type="checkbox"/> Other _____ _____ _____

Special Instructions or Requests:

\_\_\_\_\_  
 Supervisor Approval

\_\_\_\_\_  
 Date

▶ **KEEP ONE COPY**

▶ **SEND ONE COPY TO STEVE THOMAS**

▶ **FOR IEP DIRECT ACTION SEND ONE COPY TO YOLANDA RIVERA**