STUDENT TEACHER/INTERN

STUDENT TEACHER/INTERN TECHNOLOGY USER FORM (TUF)
DEPARTMENT OF INFORMATION SYSTEMS

1. PERSONAL INFORMATION (Please Print)

Last Name_____   First Name_____

Building_____   Assignment _____

Start Date_____   End Date _____

2. SERVICE(S) REQUESTED (Check all that apply)

_____   **Email** (attach Acceptable Use Policy Form (**AUP Form #7542**) if not already on file with DIS)

******Teacher Access Center (TAC)*******
(Attendance, Grade Entry, etc.)

Building Office Staff assigns TAC by adding substitute teacher to the permanent teacher's staff record

_____   **PSSP** for Special Education Student Teachers/Interns ONLY

3. SIGNATURE OF DIRECTOR OF H.R. OR STUDENT TEACHER COORDINATOR

_____

Please Note: ACCEPTABLE USE POLICY (AUP FORM#7542) MUST ACCOMPANY THIS FORM)

ROUTE TO: Send ORIGINAL TO: DIS @ Central Office, Attn: Susan Iwaszkiw via
email (iwaszkiws@parmacityschools.org) and/or (fax: 440-885-8383)
Received in DIS _____