

Warren County Schools Account Request

Print this form out and complete. Return a sealed copy to the Technology Office. Please keep a copy for your records.

Please print clearly.

DO NOT GIVE OUT YOUR PASSWORD.

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|--|---|
| Name _____ | School _____ |
| Date _____ | |
| Type of Account: <input type="checkbox"/> New Email Account <input type="checkbox"/> Warren Co. Transfer - If so from School <hr/> <input type="checkbox"/> Name Change From <hr/> <input type="checkbox"/> Password Change only (at least 6 characters long) | <input type="checkbox"/> High School Teacher Subject taught: _____ <input type="checkbox"/> Middle School Teacher Subject taught: _____ <input type="checkbox"/> Elementary School Teacher Grade taught: _____ <input type="checkbox"/> Classified Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Special Distribution Group to be added to. List the area to be placed in _____ <hr/> |
| Please PRINT a Password for this email account; This password will be kept on file in the Technology Office. | Password: _____ (Case Sensitive - will be entered as written) |
| Signature confirms your acceptance of the district's Acceptable Use Policy <hr style="width: 80%; margin-left: auto; margin-right: auto;"/> <p style="text-align: center;">Signature</p> | Approved by School Technology Coordinator or Principal <hr style="width: 80%; margin-left: auto; margin-right: auto;"/> <p style="text-align: center;">Signature</p> |
| For Tech Office use only: Date Account Setup _____ Setup By _____ | For Tech Office use only: User login name: _____ |