

NOACSC – Northwest Ohio Area Computer Service Cooperative DASL ACCOUNT APPLICATION

Application Information:		Request Type <small>Check one box</small>	
Name (First & Last)			New account
School			
Position		Update	
E-mail Address			
Phone Number			
Building		Deletion	

Required Signatures (Application will not be processed without signatures)

Applicant		Date:	
Supervisor		Date:	

Security Request:

DASL Security is User Specific and Security is based on each user's individual needs.
Please note what student information you need to access and why. Be specific in your requests. Include if you need view only, update access, and for which buildings.

(Example: "I need to view a student's contacts to check custodial parent information.")

Please send your security requests to Tammy Harer, DASL District Security Administrator.

Office Use Only:

Request Received:	Request Completed:
Account Name:	Completed by:

Comments: