

POWERSCHOOL SECURITY SHEET

Date of Request: _____ School: _____

PERSONNEL TO BE GRANTED POWERSCHOOL ACCESS:

Name	DOB	Race	Gender	Position	Y New Teacher	N Previous NC School

I authorize the following changes to PowerSchool security access for my school.

Principal's Signature: _____ Date: _____

Internal Use Only

TO BE COMPLETED ONCE THE POWERSCHOOL SECURITY SHEET HAS BEEN RECEIVED AND THE INDIVIDUAL HAS SIGNED THE EMPLOYEE STATEMENT OF DATA USE. These forms can be faxed to the POWERSCHOOL Department at 910-671-2821.

Approval: _____ Completed By: _____ Date: _____

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