Request for Access to ISIS Family Module
Form #: ITD-SEC-FORM-102
(3/9/09)

Los Angeles Unified School District
Information Technology Division
Integrated Student Information System (ISIS)
http://isis.lausd.net

Request for Access to ISIS Family Module

Please print all information. All fields are required to process your application.

Identification (to be completed by the user)

Student Name _____ **Date of Birth:** ____/____/____ **Grade** _____
Last First Middle mm dd yy

Parent/Guardian Name _____ **Email Address**_____
Last First Middle

Parent/Guardian Address _____
Number Street Apt./Unit City Zip Code

Phone (_____)_____ **Phone** (_____)_____ ☐Work **Phone** (_____)_____ ☐Work
Home Alternate ☐Cell Alternate ☐Cell

Relationship to Student: ☐ Natural/Birth Parent ☐Adoptive Parent ☐Legal Guardian ☐Other* _____

Provide user instructions to the ☐ address above ☐ student above, during school hours ☐ school office for pick up

Acceptable Use Agreement

As a user of the Integrated Student Information System (ISIS) Family Module, I understand that I will have access to confidential student and family records and will adhere to the following guidelines:

1. I must guard the student's records from being viewed by non-authorized users.
2. Sharing my ISIS Family Module user name and password with anyone is **not** appropriate and may result in deactivation of my account access.
3. I will not attempt to harm or destroy data, the District network, or the Internet nor will I access data of other users. Any individual identified as a security risk will be denied access to the ISIS Family Module.
4. I will not use the ISIS Family Module for any illegal activity, including violation of data privacy laws. Such violation is subject to civil and/or criminal prosecution.
5. If I identify a security problem with the ISIS Family Module, I will immediately notify local school staff or the Los Angeles Unified School District's Information Technology Division.

I verify that the information I provided in this document is true and correct to the best of my knowledge.

Signature _____ **Date** _____/_____/_____
mm dd yy

**** Attach any needed documentation for legal access to educational records. For more information, ask office staff for a summary of LAUSD policy (Bulletin 1077.1) on appropriate access to confidential student information.***

Office Use only	
___ **Approved** ___ sent to home address as verified on Access Key letter or in SIS ___ sent to student in Period: _____ Room: _____ ___ held in school office file for pick up Processed by:_____ on____/____/____ name mm dd yy	___ **Denied** ___ Reason_____ ___ Applicant Notified by_____