



Request for an MCPS E-Mail Account

Office of Information and Organizational Systems
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS: This form is used to obtain a Montgomery County Public Schools e-mail account. Read Regulation IGT-RA. Complete **Part I; Part II or III; Part IV;** and **Part V.** Your signature indicates compliance with the regulation. Submit completed form to E-mail Accounts, Room 147, CESC. **Please print all requested information. Incomplete forms cannot be processed.**

PART I—To be completed by all applicants

PLEASE PRINT Name of person requesting access:

New account Reapplying (renewal)

PART II—To be completed by a student requesting an account, the staff member sponsoring the student, and parent/guardian (if student is under the age of 18, parent or guardian must sign this section).

Student's School _____ Grade _____

Reason for requesting access (for student) _____

_____/_____/_____
Signature, Sponsoring Staff

_____/_____/_____
Date

As the parent or guardian of this student, I have read Regulation IGT-RA: User Responsibilities for Computer Systems and Network Security. I understand this e-mail use is for educational purposes only. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to issue access privileges for my child.

_____/_____/_____
Signature, Parent/Guardian

_____/_____/_____
Date

NOTE: The project described above may require that the e-mail account be able to send and receive internet e-mail. If internet e-mail is required, please read and sign below.

As the parent or guardian of this student, I give my permission for the ability to send and receive internet e-mail to be added to my child's e-mail account.

_____/_____/_____
Signature, Parent/Guardian

_____/_____/_____
Date

PART III – To be completed by non-MCPS employee requesting an account (See chart on page 2)

Specify role (check only one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Attorney retained by MCPS | <input type="checkbox"/> MCCSSE | <input type="checkbox"/> School Nurse or Health Room Technician |
| <input type="checkbox"/> Connection Resource Bank | <input type="checkbox"/> MCEA | <input type="checkbox"/> School Nurse Supervisor |
| <input type="checkbox"/> Elected Government Official | <input type="checkbox"/> MCPS/BOE Standing Committee | <input type="checkbox"/> SERT |
| <input type="checkbox"/> Grant Paid Employee | <input type="checkbox"/> MC Business Roundtable | <input type="checkbox"/> SHARP |
| <input type="checkbox"/> Head Start Staff | <input type="checkbox"/> MC Print Shop Employee | <input type="checkbox"/> Student Teacher |
| <input type="checkbox"/> ICB | <input type="checkbox"/> On-site Contractor | <input type="checkbox"/> Youth Services (provide name below) |
| <input type="checkbox"/> Infants and Toddlers Program | <input type="checkbox"/> PTA ADMAIL Server Administrator | _____ |
| <input type="checkbox"/> Linkages to Learning | <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Other MCPS-MC government collaborative program not listed above |
| <input type="checkbox"/> MCAASP | <input type="checkbox"/> Public Library Librarian | _____ |

The MCPS Office or School Sponsoring the Account: (see chart on back)

Your address

_____-_____-_____
Daytime phone number

OPTIONAL: Account Verification Information—Please provide a 6- to 8-digit number that will be used to verify any account changes you may request (i.e., the first 6 digits of your SSN or something similar).

PART IV—To be completed by all applicants

Please read the following before signing:

I have read Regulation IGT-RA and understand its contents. I understand that violation of the regulation is unethical and may be a criminal offense. Should I commit any violation, my access privileges may be revoked, disciplinary action may be imposed, and/or appropriate legal action may be taken.

_____ /_____/_____
Signature, Requestor *Date*

PART V—To be completed by principal (for school-based requests) OR Unit Supervisor (for all other requests)

Principal/Designated Approver:

Please sign to verify that the student account request is part of a school-sponsored project, or that you are sponsoring the non-MCPS employee for an account (for non-MCPS accounts, the signature must be that of the person designated to approve the account—see chart below.)

_____ /_____/_____
Signature, Sponsoring Principal/Supervisor *Date*

Submit completed forms to E-mail Accounts, Room 147, CESC.

APPROVAL OF ACCOUNT

Use this chart to determine who must approve your account and who will sign Part VI of this application.

| PERSON REQUESTING ACCOUNT | PERSON RESPONSIBLE FOR APPROVING ACCOUNT |
|---|---|
| Attorney retained by MCPS | Chief Operating Officer |
| Connection Resource Bank | Director, Division of Community Outreach |
| Elected Government Official | Chief Operating Officer |
| Grant Paid Employee | Principal/Director of Department for which the grant is managed |
| Head Start Staff | Coordinator for Head Start Unit |
| ICB | Chief Operating Officer |
| Infants and Toddlers Program | Director, Placement and Assessment Services |
| Linkages to learning | MCPS Linkages to Learning Program Coordinator |
| MCAASP | Director, Department of Association Relations |
| MCCSSE | Director, Department of Association Relations |
| MCEA | Director, Department of Association Relations |
| MCPS/BOE Standing Committee | Assoc. Super. or BOE Designee to whom the committee reports |
| MC Business Roundtable | Director, Division of Community Outreach |
| MC Print Shop Employee | Director, Division of Information Services |
| On-site Contractor | Principal/Director for which they work |
| Probation Officer | Principal |
| PTA ADMAIL Server Administrator | Current MCCPTA ADMAIL Administrator |
| Public Library Librarian | Director, School Library Media Programs |
| School Nurse or Health Room Tech | Principal |
| School Nurse Supervisor | Director, Department of Student Services |
| SERT | Director, Department of Facilities Management |
| SHARP | Principal |
| Student Teacher | Principal |
| Youth Services | Principal |
| Other MCPS-MC Govt. Collaborative Program | Principal/Director of the School/Dept. working with the program |