



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 Cell
Home Alternate Alternate

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

Provide the user key and login 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 | |
|--|---|
| <input type="checkbox"/> Approved <input type="checkbox"/> sent to home address as verified on Access Key letter or in SIS <input type="checkbox"/> office visit <input type="checkbox"/> held in school office file for pick up | <input type="checkbox"/> Denied <input type="checkbox"/> Reason _____ <input type="checkbox"/> Applicant Notified by _____ |
| Processed by: _____ on ____/____/____ name mm dd yy | |