

Warren County Schools

Account Change Request Form

Print and complete this form. Return to the Technology Office in a sealed envelope. Keep a copy for your records. Please print clearly.

DO NOT GIVE OUT YOUR PASSWORD

Name: _____

Date: _____

School\Office: _____

Type of Request: (mark all that apply)

Position Change (If so, what is the former position: _____)

Name Change (If so, what is the former name: _____)

{Supporting documents may be required. The change may result in a new email address being created and could prevent access to any prior WCPS email and/or Google Apps for Education account(s).}

Transfer within WCPS (If so, from which school is the transfer: _____)

Password Change (applies to computer login, email, and Google Apps for Education)

For Job Description/Position Changes:

(Mark the selection that most closely describes your new job assignment.)

Administration	Teaching Staff	District Staff	School Staff
<input type="checkbox"/> District Administrator	<input type="checkbox"/> Classroom Teacher	<input type="checkbox"/> Central Office Staff	<input type="checkbox"/> School Secretary
<input type="checkbox"/> Principal	<input type="checkbox"/> Special Education Teacher	<input type="checkbox"/> Maintenance	<input type="checkbox"/> School Bookkeeper
<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> ESL Teacher	<input type="checkbox"/> Transportation	<input type="checkbox"/> FRYSC
<input type="checkbox"/> Curriculum Coordinator	<input type="checkbox"/> Librarian	<input type="checkbox"/> Food Service	
<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Instructional Aide	<input type="checkbox"/> Psychologist	
		<input type="checkbox"/> Vision/Speech/OT/PT	
		<input type="checkbox"/> Other: _____	

For Name and/or Password Changes:

Please **PRINT** the desired password for this account. This password will be kept on file in the Technology Office.

(Case Sensitive - will be entered as written)

(Minimum of 8 characters)

(For numbers, use this style: 0123456789)

All changes require a signature.

Signature confirms your acceptance of the district's Acceptable Use Policy

Signature

For Tech Office Use Only:

Date Account Changed: _____

AD User Login Name: _____

Changed By: _____

Google Changes: _____

SchoolPointe Changes: _____

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