



# Automate The Schools System Access Request

## User Information - Please Print Clearly Or Type

Last Name				First		Telephone Number (Work) (       )	
Job Location:	District	Boro	School	or Central Office		Job Title	
Previous ATS USERID (if applicable)							

## Access Requested (Please check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Admit/Discharge/Bio Updates/Reports    | <input type="checkbox"/> Period Attendance                      | <input type="checkbox"/> ESPA             |
| <input type="checkbox"/> Display only/Reports/No updates        | <input type="checkbox"/> Library Download                       | <input type="checkbox"/> MSPA             |
| <input type="checkbox"/> Attendance Updates/Reports             | <input type="checkbox"/> Immunization Updates                   | <input type="checkbox"/> Related Services |
| <input type="checkbox"/> FasTrack Purchasing                    | <input type="checkbox"/> Transportation                         | <input type="checkbox"/> Downloads        |
| <input type="checkbox"/> Payroll Functions (OP152; HRS display) | <input type="checkbox"/> Bio Updates/Reports/No admits or Disch |   |

**By receiving this ATS USER ID, I accept responsibility for its use.  
I have signed the "Acknowledgment of Mayoral Directive 81-2."**

Signature	Date
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## School Authorization

Principal's Name (Please Print)	Principal's Signature	Date
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## District/School/Supervisory Authorization

Name (Please Print)	Job Title
Supervisor's Signature	Date
ATS Coordinator's Signature	Date

## Central Authorization

Name (Please Print)	Date			
ID Assigned	Date Entered	Group	SCTY Level/Profile Assigned	SCTY INIT

**Return signed form with the signed Mayoral Directive to :**

ATS Security  
2 MetroTech Center, Suite 3900  
Brooklyn, NY 11201

**E-Mail Inquiries to:** ATS.Security

**HelpDesk:** 718-935-5100

**FAX signed forms to:** 718-935-5192