

PowerSchool Premier

User Account Application

Fairbanks North Star Borough School District

Student Information Systems

520 5th Avenue, Suite E – Fairbanks AK 99701



Name:			
<small>(Prior Last Name)</small>			
Last	First	Middle	
f-number:		School/Dept:	
Work Phone:		Job Title:	
Are you replacing someone? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, who?</i>			
<u>JOB TYPE</u>		<u>Program</u>	
<input type="checkbox"/> - Admin Sec / Couns Tech	<input type="checkbox"/> - Academic Intervention Aide	<input type="checkbox"/> - After School	<input type="checkbox"/> - Alaska Native Education
<input type="checkbox"/> - Counselor	<input type="checkbox"/> - Behavior Intervention Specialist	<input type="checkbox"/> - English Language Learners	<input type="checkbox"/> - Extended Learning
<input type="checkbox"/> - Elem, Couns, Attend Sec	<input type="checkbox"/> - Migrant Education	<input type="checkbox"/> - Prevention Intervention Specialist	<input type="checkbox"/> - Other:
<input type="checkbox"/> - Kitchen			
<input type="checkbox"/> - Library			
<input type="checkbox"/> - SpEd Aide / Clerk			
<input type="checkbox"/> - SpEd Aide with Restraint & Seclusion			
<input type="checkbox"/> - Sup, AS, Princ, AP, AD			
<input type="checkbox"/> - Teachers			
<input type="checkbox"/> - Other:			
<i>Notes for special circumstances:</i>			
<i>Declaration of the Applicant</i>			
The password given to each user must be kept CONFIDENTIAL. I understand that no school district technology employee or department will ever ask me to share my password for any reason. I will not disclose my password to anyone.			
The information I may have access to is not available to the public and can only be released by specific personnel of the Fairbanks North Star Borough School District. I will never release information to anyone without first checking with my immediate supervisor. I understand that it is imperative that the all the information I come in contact with will be kept strictly confidential.			
_____ Employee Signature		_____ Principal/Dept Head Signature	
_____ Date		_____ Date	
* Return Completed Form to Student Information Systems Or Fax to 452-3312 *			
Processed By: _____		Date: _____	