

# PowerSchool Premier

## User Account Application

Fairbanks North Star Borough School District

Student Information Systems

520 5<sup>th</sup> Avenue, Suite E – Fairbanks AK 99701



Name:			
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>			
<b>JOB TYPE</b>		<b>Program</b>	
<input type="checkbox"/> - Admin Sec / Couns Tech	<input type="checkbox"/> - Academic Intervention Aide	<input type="checkbox"/> - Counselor	<input type="checkbox"/> - After School
<input type="checkbox"/> - Elem, Couns, Attend Sec	<input type="checkbox"/> - Alaska Native Education	<input type="checkbox"/> - Kitchen	<input type="checkbox"/> - Behavior Intervention Specialist
<input type="checkbox"/> - Library	<input type="checkbox"/> - English Language Learners	<input type="checkbox"/> - SpEd Aide / Clerk	<input type="checkbox"/> - Extended Learning
<input type="checkbox"/> - SpEd Aide with Restraint & Seclusion	<input type="checkbox"/> - Migrant Education	<input type="checkbox"/> - Sup, AS, Princ, AP, AD	<input type="checkbox"/> - Prevention Intervention Specialist
<input type="checkbox"/> - Teachers	<input type="checkbox"/> - Other:	<input type="checkbox"/> - Other:	
<input type="checkbox"/> - Other:			
Notes for special circumstances:			
<b>Declaration of the Applicant</b>			
<p>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. <b>I will not disclose my password to anyone.</b></p> <p>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.</p>			
_____ Employee Signature		_____ Principal/Dept Head Signature	
_____ Date		_____ Date	
* Return Completed Form to Student Information Systems Or Fax to 452-3312 *			
Processed By: _____		Date: _____	