

MDECA

DASLr Authorized Account Application

First and Last Name: _____ Position: _____

School District: _____

Supervisors Name: _____

Phone number: _____

School Building: _____

Building IRN: _____

Phone number: _____

Type of Request: *Check one box*

New Account Update Deletion

Renewal If Renewal, Username: _____

Required Signatures

This form will not be processed without the appropriate signatures

Applicant: _____ Date: _____

Superintendent: _____ Date: _____

This account will have access to all views for the entire district

----- MDECA Staff Use Only -----
Request Received: _____ Request Completed: _____
Account Name: _____ Staff Completing Request: _____

----- End MDECA Staff Use Only -----