7615 Harrison Avenue, Cincinnati, Ohio 45231

Phone: (513)728-7997 Fax: (513)931-7202 or email to accessforms@hccanet.org

STUDENT SERVICES USER ACCESS REQUEST FORM

9:	_	
ıest: New User	Modify Existing User	•
		. Last four digits of Social Security Number
User Signature		Last Four Digits SSN#
Superintendent Signature		Date
roles for the teacher grade	book. Special Education supervisors i	nay request security roles for the SpS module. may be requested on a separate form and must be approved by
ODE EMIS Web 1	Reports Reports received fr	om ODE (no SSID/name link)
SSID Web Report	s (SECURE) – Reports contain	ining student name and SSID
	-	rdination and submission of
	•	EMIS data files not in USPS or
SSID Administrate	or – Person who requests SSI	D numbers for students from
D3A2 Data anal	ysis tool for districts	
EMIS Web View	wing historical EMIS data	
	HCCA USE ONL	_Y:
	DISTRICT O	BY:
	ture, I accept the polito receive your pass re ent Signature Laccounts are maintained DOK Progress Book a roles for the teacher grade MIS-R accounts (LEA collerintendent. ODE EMIS Web I SSID Web Report EMIS Coordinator EMIS data to ODE EMIS Flat File Ed DASL for submiss SSID Administrate IBM D3A2 Data anal EMIS Web View	Login User Name