



# RICHMOND COUNTY SCHOOL SYSTEM TEMP ACCESS REQUEST FORM

Today's Date: \_\_\_\_\_

Third-party Agency Name (if applicable): \_\_\_\_\_

Full Name (First/Middle/Last): \_\_\_\_\_

Social Security: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic / Latino

Home Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Approved Work Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

(Teachers Only) PSC Account Number: \_\_\_\_\_

## ~ For Office Use Only ~

EIN#: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Please list any access needed from IT (access will not be given unless it is listed below):

Outlook / Email, Microsoft Office 360 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_