District Users Escape Set-up Form

Alameda County Office of Education
313 West Winton Avenue
Hayward CA 94544-1198
(510) 670-7777 or Fax (510) 670-4246

District _____

Please complete and forward this form to your district's Department/Site Manager and Fiscal Services Manager for authorization, then fax to ACOE Help Desk at 510 670-4246 or 510 670-7700 for processing.

User Name	(*required*)
User Title	
User ID (first name last initial)	(*required*)
Password	(*required*)
Site / Department	(*required*)
Menu Group Access	(Fiscal Services Use Only, see Website for menus) (*required*)
SITE Menu Group Access	*Mark one:* [ ] Classic OR [ ] On-line 4
Default Printer Name	
Printer Description	
Printer IP Address	(*required*)
Optional Printer Name & Description	
Optional Printer IP Address	(*required*)
Authorized Account Masks [ ] All [ ] Restricted to Masks listed. Numbers: Optional Codes and Descriptions OR Manager Code and Name OR Location Code and Name	(*required*) Codes Descriptions .

Authorizations:

_____ Signature, Department/Site/Account Manager Date _____ Printed Name _____ Phone Number	_____ Signature, Fiscal Services Manager Date _____ Printed Name _____ Phone Number

ACOE I.T. Use Only

DP Work Order #: _____ Completed by: _____ Date:	Network Work Order #: _____ Completed by: _____ Date: