



Request for an MCPS Account

Office of the Chief Technology Officer
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 271-4A
June 2016
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INSTRUCTIONS

This form is used to obtain or to renew a Montgomery County Public Schools network account and e-mail address.

MCPS STUDENTS: Complete Part I, III, and IV. **ALL OTHER APPLICANTS:** Complete Part I, II, and IV. **PRINCIPAL/DIRECTOR:** Complete Part V. Submit completed form by one of the following: 1) Scan and e-mail the completed and signed form to UserAccount@mcpsmd.org, 2) FAX to 301-279-3311, or 3) Pony to 45 W. Gude Drive, Room LL200.

PART I: Applicant information (All Applicants)

Please check one: Non-Employee New Account Non-Employee Renewing Account MCPS Student account

Last Name _____ First Name _____ Middle Initial _____

(MCPS Student applicants skip to Part III)

Daytime Phone Number ____-____-____ Personal/Outside E-mail Address _____

Last 4 Digits of SSN: ____-____-____ Date of Birth (MM/DD/YYYY): ____/____/____

PART II: MCPS job role and location assignment (Non-MCPS applicants)

School/Department Name _____ Location/School Code: _____

Please specify the role you will be working in so that appropriate rights will be granted:

- | | |
|--|---|
| <input type="checkbox"/> ACES Academic Coach | <input type="checkbox"/> MCITP—Infants and Toddlers Program.
Please specify which office _____ |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> MSDE Auditor |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Non-Public Curriculum Access. Please specify school name
_____ |
| <input type="checkbox"/> City/County Police Department, please specify
_____ | <input type="checkbox"/> Print Shop |
| <input type="checkbox"/> Contractor, specify company _____ | <input type="checkbox"/> Professional Library |
| <input type="checkbox"/> Counselor Intern | <input type="checkbox"/> School Resource Officer (make sure all schools where access
is needed are specified) _____ |
| <input type="checkbox"/> Fire and Rescue | <input type="checkbox"/> SEIU |
| <input type="checkbox"/> George B Thomas Learning Academy | <input type="checkbox"/> Speech and Language Services |
| <input type="checkbox"/> Head Start Staff | <input type="checkbox"/> Student Teacher |
| <input type="checkbox"/> ICB—Community Use of Schools | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Linkages to Learning—Please specify role with the
organization by checking one of the following: | <input type="checkbox"/> Wellness Center—Please specify role with the organization
by checking one of the following: |
| <input type="checkbox"/> Child & Family Therapist | <input type="checkbox"/> Child & Family Therapist |
| <input type="checkbox"/> Family Case Manager | <input type="checkbox"/> Family Case Manager |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Community Site Coordinator | <input type="checkbox"/> Community Site Coordinator |
| <input type="checkbox"/> Community Service Aide | <input type="checkbox"/> Community Service Aide |
| <input type="checkbox"/> Office Staff | <input type="checkbox"/> Office Staff |
| <input type="checkbox"/> Director/Supervisor | <input type="checkbox"/> Director/Supervisor |
| <input type="checkbox"/> Other, please specify _____ | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> MCAAP | |
| <input type="checkbox"/> MCBOA | |
| <input type="checkbox"/> MCDHHS—Health Tech | |
| <input type="checkbox"/> MCDHHS—Nurse | |
| <input type="checkbox"/> MCEA | <input type="checkbox"/> Other, Please specify: _____ |

PART III: MCPS student number and school name (MCPS student applicants)

MCPS Student Number _____ Student's School Name _____

Reason for Student's Access (Check One): SGA MCJC Student Webmaster
 Other, please specify _____

Parent/Guardian approval required for MCPS Students, (unless student is an eligible student, see [MCPS Regulation, JOA-RA, Student Records](#)).

As the parent/guardian of this student or eligible student, I have read MCPS Regulation IGT-RA: *User Responsibilities for Computer Systems, Electronic Information, and Network Security*. I understand the use of this MCPS account and the associated MCPS e-mail address is for educational purposes only. Further, I accept full responsibility for the use of the account when it is not in a school setting.

Printed Name (Parent/Guardian or Eligible Student) _____

Signature (Parent/Guardian or Eligible Student) _____ Date ____/____/____

Note: The student may require the ability to send and receive Internet e-mail as part of the above indicated effort. If Internet e-mail is required, please read and sign below.

I request permission to send and receive Internet e-mail to be added to the e-mail account.

Signature (Parent/Guardian or Eligible Student) _____ Date ____/____/____

PART IV: Agreement regarding appropriate use (All applicants)

I have read MCPS Regulation IGT-RA: *User Responsibilities for Computer Systems, Electronic Information, and Network Security* and understand its contents. I understand that violation of the regulation is unethical and may be a criminal offense. Should I commit any violation, my access privileges may be revoked, disciplinary action may be imposed, and/or appropriate legal action may be taken.

Signature (applicant) _____ Date ____/____/____

Please note: Login information for the new account will be emailed to the director or principal who sponsors the account. All accounts are good for one school year. All non-employee accounts, except student teacher accounts, expire on June 30th, following the end of each school year. Do not use a student teacher account to apply for MCPS employment as the account will be expired automatically on the last day of school.

PART V: Approval (Principal/Director)

Please sign to verify that the account request is part of an MCPS sponsored program or project, and you have vetted the individual for the role specified in this request.

Printed Name (Principal/Director) _____

Signature (Principal/Director) _____ Date ____/____/____

Please note: The new user login information will be emailed to the principal or director who sponsors the account.