**REQUEST FOR STUDENT RECORDS PRIVILEGES**

Name: School(s):

District Email Address:

Toppenish School District Employee: YES NO

**Basic Access** **Access Level**

Student Demographics Look/Report Add/Change

Attendance Look/Report Add/Change

Grading/GPA/Transcripts Look/Report Add/Change

Scheduling Look/Report Add/Change

Discipline Look/Report Add/Change

If higher access levels are needed please describe (include the Skyward path if possible)

Principal/Director Signature: Date:

***Please submit to Barb Moses, District Security Manager***

District Security Manager Signature: Date: