

Consultant: Request Form for Access to the STAC Online System

This form is used by School Districts, Municipalities (including Counties), and other SED-approved Education Providers (“educational entities”) who wish to authorize SED to allow their consultants to access data directly from the STAC database. This application is required to obtain a valid User Code and password, change access rights or delete a consultant-user. By signing this application, Superintendents (for school districts), Program Directors (for SED-approved special education providers) and Section 4410 Municipality Representatives (for municipality/county access) are assuring the STAC, Special Aids and Medicaid Unit that individuals listed are: (1) designees of the education entity, authorized to view data on the STAC database and can be contacted directly by SED; and (2) working pursuant to a written contract with the educational entity, that includes confidentiality provisions that comply with FERPA, PPPL, and all applicable state and federal privacy and security laws and authorizes consultant(s) to perform necessary services for the educational entity that requires this access.

The User Code and password are issued to the educational entity which is responsible for making sure that only authorized consultants are granted access to the STAC Online System. **Therefore, educational entities must request a unique User Code and password for each authorized consultant-user, must provide the unique User Code and password directly to the named authorized consultant-user, must prohibit the sharing of passwords, and must notify SED immediately if the authorized consultant relationship is terminated.**

PUBLIC OR SED-APPROVED EDUCATIONAL ENTITY CONTRACTING WITH THIRD-PARTY CONSULTANT				
Name of Education Entity: _____	Education Entity 12-digit SED (BEDS) Code: _____			
Type of Education Entity:				
School District	Municipality	I.Y. Program	Other SED-Approved Education Provider	

CONSULTANT-USER UNDER WRITTEN CONTRACT WITH EDUCATIONAL ENTITY <i>(TYPE OR PRINT CLEARLY)</i>	STAC INQUIRY ONLY	STAC INQ, ADD &UPDATE	AVL VIEW ONLY	AVL VIEW & VERIFY	DELETE USER
User Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm or BOCES: _____					
Email: _____					
User Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm or BOCES: _____					
Email: _____					
User Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm or BOCES: _____					
Email: _____					
User Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm or BOCES: _____					
Email: _____					

Name, Firm (if applicable) and E-mail address are required for all consultant requests. Check one STAC box AND/OR one AVL box for new users and existing users seeking a change in access rights. Check the “Delete User” box to terminate access rights for an existing user.

THIS FORM MUST BE COMPLETED AND SIGNED BY:		Return Original form to:
<ul style="list-style-type: none"> ▪ DISTRICT SUPERINTENDENT (SCHOOL DISTRICT & I.Y. PROGRAM) ▪ PROGRAM DIRECTOR (PROVIDER) ▪ MUNICIPALITY REPRESENTATIVE (COUNTY) 		
Access to the STAC database will comply with the requirements of the federal Family Educational Rights and Privacy Act (20USC § 1232-g) and 8 NYCRR §200.2 (b)(6).		New York State Education Department STAC, Special Aids & Medicaid Unit 89 Washington Avenue, Room 514 EB Albany, NY 12234 Attention: Adam Lenhardt Get STAC Unit Forms Online: http://www.oms.nysed.gov/stac/contact_us/form_requests.html
_____/_____/_____ Signature	_____ Title	
_____ Print Name	_____ Telephone (Area Code) (Number)	
_____ Email	_____ Fax (Area Code) (Number)	

All User Codes and passwords will be sent to the Superintendent, Program Director, or Municipality Representative indicated in the signature section of this application. Request forms signed by someone other than the appropriate individual will be rejected. Please notify the STAC Unit of any unauthorized sharing or use of User Codes and passwords, so that the STAC Unit can discontinue access to any affected User Codes and passwords. **Note that all consultant passwords will be disabled on a yearly basis on June 30 unless the STAC Unit receives a renewed request for consultant access from the educational entity.**