

Request Form for Online Access to the STAC Database

This form is used by representatives of School Districts, SED-approved Education Providers and Municipalities who wish to access data directly from the STAC database. This application is required to obtain a valid User Code and password for system access. By signing this application, Superintendents (for school districts), Program Directors (for SED-approved special education providers) and Section 4410 Municipality Representatives (for municipality access) are assuring the STAC, Special Aids and Medicaid Unit that individuals listed are authorized to view data on the STAC database. **Outside consultants should not be granted their own User Code and password.**

_____ DISTRICT _____ PROVIDER _____ MUNICIPALITY _____ I.Y. PROGRAM

Name of Above: _____

12-digit SED (BEDS) Code: _____

The information requested below is required for each individual staff member applying for access to the STAC database. Please indicate Name, Title, E-mail address, and check **one** STAC box AND/OR **one** AVL box for each person.

NAME	TITLE	E-MAIL ADDRESS	STAC INQUIRY ONLY	STAC INQUIRY ADD & UPDATE	AVL VIEW ONLY	AVL VIEW&VERIFY

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).

Name of Superintendent, Director, or Municipality Representative (please print):

Signature of Same: _____ Date: _____

Address: _____

Phone Number: () _____ Fax Number: () _____

E-Mail Address: _____

Return Original Form to:
 New York State Education Department
 STAC, Special Aids and Medicaid Unit
 89 Washington Avenue – Room 514 EB
 Albany, NY 12234
 Attention: Maureen McCarthy

All User Codes and passwords will be sent to the Superintendent, Director or Municipality Representative indicated in the signature section of this application.

