

Request Form for Online Access to the STAC Database (Employees)

This form is used by representatives of School Districts, SED-approved Education Providers (including BOCES), and Municipalities who wish to access data directly from the STAC Online (EFRT) System. This application is required to obtain a valid Usercode and password or to change access rights for existing users. By signing this application, Superintendents (for school districts and BOCES), Program Directors (for SED-approved special education providers), and Section 4410 Municipality Representatives (for municipality access) are assuring the STAC and Medicaid Unit that individuals listed are authorized to view data on the STAC database. Districts are responsible for making sure that only authorized individuals are granted access to EFRT.

AGENCY INFORMATION					
Agency Type: <input type="checkbox"/> School District <input type="checkbox"/> Private Provider BOCES Special Act District <input type="checkbox"/> Municipality <input type="checkbox"/> I.Y. Program		Contact Designated for STAC Unit	Job Title		
Name of Above:		Mailing Address			
12-digit SED (BEDS) Code: _ _ _ _ _ _ _ _ _ _ _ _		City	State	ZIP(+4)	
		Phone	Fax	Email	

Name, Title and E-mail address are required for all requests. Check **one** Approvals box AND/OR **one** Verifications box for new users and existing users seeking a change in access rights.

NAME	TITLE	EMAIL ADDRESS	STAC APPROVALS		STAC VERIFICATIONS	
			INQUIRY ONLY	INQ, ADD & UPDATE	VIEW ONLY	VIEW & VERIFY
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS FORM MUST BE COMPLETED AND SIGNED BY: <ul style="list-style-type: none"> ▪ DISTRICT SUPERINTENDENT (SCHOOL DISTRICT, BOCES, SPECIAL ACT DISTRICT & I.Y. PROGRAM) ▪ PROGRAM DIRECTOR (PRIVATE PROVIDER) ▪ MUNICIPALITY REPRESENTATIVE (COUNTY) 				EMAIL SIGNED/COMPLETED FORM TO: OMSSTAC@nysed.gov Attention: Cameron Reynolds Adam Lenhardt Get STAC Unit Forms Online: http://www.oms.nysed.gov/stac/contact_us/form_requests.html	
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). _____ / ____ / _____ Signature Title Date					
Print Name		Telephone (Area Code) (Number)			
Email Address		Fax (Area Code) (Number)			

All Usercodes and passwords will be sent to the authorizing official 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/Medicaid Unit of any unauthorized sharing of Usercodes and passwords, so that the STAC/Medicaid Unit can discontinue access to any affected Usercodes and passwords.