|  |  |  |  |
| --- | --- | --- | --- |
| **RETURN TO: Terra Dominguez Email:**terra.dominguez@dpi.nc.gov  SEED Administration  Department of Public Instruction  6310 Mail Service Center  Raleigh, NC 27699-6367 | | **PURPOSE:** To maintain  (add, delete, change) employee  SEED account access authority. | |
| **DUE DATE:** Seven business days prior to your effective access requirements | | **QUESTIONS:** HBSC**,** 919-807-HELP | |
| **PART-1 SITE SECURITY OFFICER (See instructions for Part-1 on page 2)** \***Required Field** | |
| |  |  |  |  | | --- | --- | --- | --- | | \*Site Name: |  | \*Site ID: |  | | Office/Title: |  | | | | Division: |  | | |   \***CHECK** the option that applies to the SEED account and PRINT the \*full name and \*email address of the employee:  Add an Employee SEED account **(complete part-2).**  Delete: SEED account   |  |  | | --- | --- | | For employee: | Email address: |   Revoke: SEED account   |  |  | | --- | --- | | For employee: | Email address: |   Resume: SEED account   |  |  | | --- | --- | | For employee: | Email address: |   **Access**: LEA/Charter/State Operated Program (SOP) employees will be assigned as District Administrators and state employees will be assigned as either State Administrators or State Users. District Administrators have authority to create District Users for their associated organization.   |  |  |  |  | | --- | --- | --- | --- | | \***Security Site Officer Name:** | |  | \***Phone: (****)          Ext:** | | \***Email Address****:** |  | | |   \***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \***Date:**  (Site Security Officer) | |
| **PART-2 EMPLOYEE INFORMATION for a New SEED account Request;**  **Must be completed by the employee (See Part-2 instructions on page 2)** \***Required Field for Part-2** | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | \***Employee Name:** |  | |  |  | | | |  | | **First** | **M Initial** | | | **Last** | | \***Email Address****:** |  | | | | | | | \***Job Title****:** |  | | | | \***Phone: (****)          Ext:** | |  |  |  | | --- | --- | | (Contract Personnel Only): Contract End Date: |  |   (DPI Employees Only): Personnel Position Number (P P N):  SEED Accounts: Specify on line below any previous email address used to gain access to the SEED system   |  | | --- | |  |   \* **FERPA:** By checking this box, I attest that I have read, understand and will abide by FERPA regulations as outlined on [www2.ed.gov/ferpa](http://www2.ed.gov/ferpa).  \* **Confidentiality Agreement:** By checking this box, I attest that I have completed, signed, and turned in a confidentiality Agreement found on <http://www.ncpublicschools.org/docs/data/management/research/confidentiality.pdf>. District Administrator confidentially agreement forms are turned in to their local organization.  \***Employee Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \***Date:** | |

**INSTRUCTIONS FOR COMPLETING PART-1:** The site security officer is responsible for completing PART-1 and for assuring the accuracy of PART-2 information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site Name:** | | Print the immediate name of your organization. For example, local education agency name. | | | |
| **Site ID:** | | Pre-assigned unit, school, division, etc., site code, when applicable. | | | |
| **Office/Title:** | | Print the agency office name or appropriate title when applicable. For example, Controller's office; Deputy State Superintendent; Assistant State Superintendent of ...; etc. | | | |
| **Division:** | | Print the name of the agency division when applicable. For example, Division of Auditing & Accounting. | | | |
| **Check:** | | Check the specific type of actions that the SEED State Administrator should perform. Employee names should always specify the FIRST name, MIDDLE INITIAL, and LAST name. | | | |
| **Add:** | | | Check this block to create a SEED account for an employee. Employee must complete PART-2. | |
| **Delete:** | | | Check this block to delete an employee's SEED account. Print the employee's full name and email address. | |
| **Revoke:** | | | Check this block to revoke an employee's access. Print the employee's full name and email address. Revocation suspends access authority without deleting the account or password. | |
| **Resume:** | | | Check this block to resume access of a revoked SEED account. Print employee's full name and email address. | |
| **Security Site Officer Name:** | | | Print your First Name, Middle Initial, and Last Name. | |
| **Phone Number:** | | | Print your phone number including area code. | |
| **Email Address:** | | | Print your full email address. | |
| **Signature:** | | | SEED Account Maintenance forms must have all the required fields populated, be properly signed and dated or they will not be honored by the NCDPI SEED State Administrator. | |

**INSTRUCTIONS FOR COMPLETING PART-2: This section must be completed & signed by the employee when adding a new account.**

|  |  |
| --- | --- |
| **Employee Name:** | Print your first name, middle initial and last name. |
| **Email Address:** | Print your email address. This email address will be used along with your password to sign into the SEED application. |
| **Job Title:** | Specify your working job title. |
| **Contract End Date:** | For contracted personnel only, specify the date your contract agreement terminates. |
| **P P N:** | For NCDPI (state office) employees only, specify your five (5) digit personnel position number. |
| **SEED Accounts:** | Specify any previous SEED account (email addresses) that you have been assigned that allow(ed) access to the SEED application. This includes any currently assigned SEED account (email address) by another agency. |
| **FERPA:** | Your checkmark attests that you have read, understand, and agree to abide by the federal law that protects the privacy of student education data, Family Education Rights and Privacy Act (FERPA) as found on the website [www2.ed.gov/ferpa](http://www2.ed.gov/ferpa) |
| **Confidentiality Agreement:** | Your checkmark attests that you have  completed, signed, and turned in a Confidentiality Agreement as found on <http://www.ncpublicschools.org/docs/data/management/research/confidentiality.pdf> District Administrator confidentially agreement forms are turned in to their local organization. |
| **Employee Signature:** | Your Signature attests that the information given is accurate and that you will not use the SEED system for other than business related purposes and that you will, to the best of your knowledge, comply with FERPA, state, and NCDPI policies and rules to protect student identity. |