

# Request for District Polaris Access

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<i>User's First Name</i>	<i>Last Name</i>	<i>School/Location</i>	<i>Phone</i>
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<i>Position</i>	<i>Employee ID #</i>	<i>AIISD email address</i>	

*Explain why this individual needs DISTRICT access:*

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<i>Supervisor Signature</i>	<i>Date</i>
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## **STUDENT DATA CONFIDENTIALITY AGREEMENT**

I am an employee of the Arlington Independent School District. I have requested and am being given access to student information as part of my job responsibilities. By my signature below, I acknowledge that I understand that this information is strictly confidential. I agree to protect the confidentiality of this information. I understand that I may receive requests for access to this information by using my password.

I acknowledge and understand that if I fail to protect this information and/or if I give access to the information, I will be subject to disciplinary action, up to and including termination. I also acknowledge and understand that I may be subject to legal action as allowed by state and/or federal law.

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<i>Signature</i>	<i>Date</i>
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**Scan completed form and send it as an attachment to Wes Thrush, [gthrush@aisd.net](mailto:gthrush@aisd.net)**