



RICHMOND COUNTY SCHOOL SYSTEM TEMP ACCESS REQUEST FORM

Today's Date: _____

Third-party Agency Name (if applicable): _____

Full Name (First/Middle/Last): _____

Social Security: _____

Date of Birth (dd/mm/yyyy): _____

Sex: Male _____ Female _____ Race: _____ Hispanic / Latino

Home Address: _____

Home Number: _____ Cell Number: _____

Personal Email: _____

Approved Work Location: _____

Job Title: _____

(Teachers Only) PSC Account Number: _____

~ For Office Use Only ~

EIN#: _____

Direct Supervisor: _____

Please list any access needed from IT (access will not be given unless it is listed below):

Outlook / Email, Microsoft Office 360

