

**EAST SIDE UNION HIGH SCHOOL DISTRICT**  
**SERVICE PROVIDERS REQUEST FOR**  
**INFINITE CAMPUS ACCESS**

Service Provider/Agency: \_\_\_\_\_

Agency Director: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Service Provided: \_\_\_\_\_

Board Approved: Yes  No  Date Approved: \_\_\_\_\_

If yes, term of MOU dates: \_\_\_\_\_ (*ATTACH COPY OF MOU*)

List names of agency staff that Infinite Campus access is requested. **Please note that access will only be granted for the school year and requests must be renewed yearly. Also indicate the reason / justification for your staff's need for Infinite Campus access (i.e., to monitor students attendance, progress, or access student(s) schedule for provision of service(s), etc.).** \_\_\_\_\_

**Notification must be provided when agency staffing has changed.**

Name/Phone Number	Activate access	Terminate access	Provide agency staff member's e-mail address	List School Site

Dept Director Approval: \_\_\_\_\_  
*(signature)*

Assoc. Supt. Approval: \_\_\_\_\_  
*(signature)*

Kirsten King's Approval: \_\_\_\_\_  
*(signature)*

Date: \_\_\_\_\_