S.U.S.D. SYNERGY Security Level Authorization
Secondary Education

School Site: _____   ❏ Activate   ❏ Inactivate

Authorization: **Principal**: _____

<center>Signature Date</center>

Staff Name: _____   User **Position/Title**: _____

<center>(Please **PRINT**)</center>

Employee ID: [_____]   User email: _____@stocktonusd.net

Security Level	User Group	Site Level	Additional/Update Capabilities
1 **ALL Rights –** ability to update student records	1. Role HS Registrar 2. Role HS Attendance 3. Role Asst. Principal	High Schools High Schools High Schools	All rights specific to job assignment(s).
2 **VIEW Only –** student records **NOT** Allowed to **Print and Distribute Documents**	1. Role Principals 2. Role Asst. Principal 3. Role Counselors 4. Role Student Service 5. Role Secretary 6. Role Office Assistant 7. Role Health Nurse 8. Role Librarian 9. TEACHER 10. Other_____	High Schools High Schools High Schools High Schools High Schools High Schools High Schools High Schools High Schools High Schools	Discipline, Basic, Mass, Conference Discipline, Conference Basic, Mass, Conference Conference Basic, Mass, Discipline Basic Demographics Health Basic Demographics Teacher VUE, Grade Book

SYNERGY SECURITY POLICY STATEMENT
(All designated users are required to sign this statement)

*In compliance with **Board Policy 5125** and state guidelines regarding student records and attendance, users of the Synergy system are to continue to adhere to these guidelines ensuring that student records remain secure at all times. **Those users who have access to view and/or print records only, do not have the authorization to distribute any student records without following BP 5125 guidelines**. This includes allowing unauthorized personnel to use your system/code to access information is prohibited. Consequences for such action may result in immediate revoking of Synergy privileges and further disciplinary action, if warranted.*

Please remember not to share your user ID/password with anyone. The use by others may cause serious consequences for you if they produce records or data.

My signature acknowledges that I have read and understand the purpose and consequences of this policy statement.

_____   _____
<center>User Signature   Date</center>

1. Managers/Directors are to notify Information Services if employee leaves your department.
2. This authorization must be updated annually – one week before the opening of each school year.
3. Submit this form with the original signature for each user to the Information Services Department, Attention: Student Team.
4. If a user needs additional atoms or an upgrade in security, complete the **"Request for SYNERGY Security Level Upgrade"** form on second page.

STOCKTON UNIFIED SCHOOL DISTRICT
Request for SYNERGY Security Level Upgrade – Approval Form

School: _____   **Principal:** _____

I request that the following individual at my site be granted an upgrade to their current security level or have atoms opened for their use:

Name / Employee ID	Position	Security Level	Atom(s) Requested
1.		❑ 1 ❑ 2	❑ Basic Scheduling ❑ Mass Scheduling ❑ Conference ❑ Discipline ❑ Attendance ❑ Health ❑ Other _____

Rationale for staff member to have SYNERGY access or upgraded security level:

_____

_____

_____

_____

_____

_____   _____
Date   Principal's Signature

_____   _____
Date   Director's Approval/Signature

Routing:
1. Principal
2. Line Director
3. Information Services