

## Create or Change Web User Administrator Form

(For All NJDOE Homeroom Web-based Data Collections)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check one of the following:

Public District \_\_\_\_ Charter \_\_\_\_ Approved Private School for the Disabled (APSD) \_\_\_\_

County Name: \_\_\_\_\_ County code: \_\_\_\_ \_\_\_\_

District/Charter/APSD Name: \_\_\_\_\_ District code: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

### Administrator's Information

Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

**Username** *(must be 6 to 8 characters)*    \_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_

**Password** *(must be 6 to 8 characters including at least 1 symbol such as #, \$, \*, \_, ~, -, or ?)*    \_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_

Email address *(please print)*: \_\_\_\_\_ @ \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_      FAX: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Alternate phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

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**Authorization:** I hereby authorize the individual whose signature appears above to administer all web-based accounts for use within my Public School District, Charter School, or Approved Private School for the Disabled.

Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: Superintendent \_\_\_\_ Business Administrator \_\_\_\_ Lead Person *(Charter or Approved Private School for the Disabled)* \_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_      FAX: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

FAX to Office of Information Technology, NJDOE: (609) 633-9865