



**Choose one:**

Create New Homeroom Administrator (for NEW Districts only)

Change Existing Homeroom Administrator

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

Please check one of the following: Public District \_\_\_ Charter \_\_\_ College \_\_\_

Nonpublic School \_\_\_ Approved Private School for Student with Disabilities (APSSD) \_\_\_

County Name: \_\_\_\_\_ County Code: \_\_\_ \_\_\_

District/Charter/College/APSSD/Nonpublic Name: \_\_\_\_\_

Entity Code: \_\_\_ \_\_\_ \_\_\_ \_\_\_

**Homeroom Administrator Information**

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

**User Name** (*must be 6 to 8 characters*): \_\_\_\_\_

**Password** (*must be 6 to 8 character including at least 1 of the following symbols #, \$, \*, \_, -, ~, or ?*):

\_\_\_\_\_

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

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

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

I certify that I will be the Homeroom Administrator for my district and will be replacing the current Homeroom Administrator and will be responsible for updating all user accounts in the district.

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

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**Authorization:** As the Chief School Administrator (CSA), I hereby authorize the individual whose signature appears above to administer all Homeroom accounts for use within my institution.

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

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

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

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

**FAX** Completed Form to the Office of Information Technology, NJDOE **(609) 633-9865**

*Revised: 8/2/2016*