

District Laserfiche Authorized Signer Registration

Using Adobe Reader, fill out the form completely. Save. Print. Only the District's Authorized Signer may sign the form.
 Scan the completed form. Create an AccessPoint Service Request (<http://accesspoint.sccoe.org>) TYPE: Laserfiche CATEGORY: User Security

ACTION DESIRED: NEW Signer(s) Registration REMOVE Signer(s) MODIFY Signer(s)

DISTRICT: _____

Authorization for Master Root Folder and Sub-Folder (i.e. HR, FIN) _____

Primary Authorized Signer:

_____	_____	_____
LAST NAME	FIRST NAME	EMPLOYEE ID
_____	_____	_____
EMAIL	POSITION TITLE	PHONE

Secondary Authorized Signer:

_____	_____	_____
LAST NAME	FIRST NAME	EMPLOYEE ID
_____	_____	_____
EMAIL	POSITION TITLE	PHONE

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By signing this request form, you are authorizing TSB to accept AccessPoint service requests for changes to the district's Laserfiche set-up and user access. The primary signer will physically sign the change requests, and in their absence, the secondary authorized signer's request will be accepted.

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DISTRICT AUTHORIZED SIGNATURE

Date Authorized District Signer Name (*print*) Signature Phone

TSB: Rec'd _____ ServReq # _____ Completed _____

Invoiced _____ Invoice # _____ NOTES: _____