STAC-602E

Request Form for Online Access to the STAC Database (Employees)

Rev. 5/2018

This form is used by representatives of School Districts, SED-approved Education Providers (including BOCES), and Municipalities who wish to access data directly from the STAC database. This application is required to obtain a valid User Code and password or change access rights for existing users. By signing this application, Superintendents (for school districts and BOCES), Program Directors (for SED-approved special education providers), and Section 4410 Municipality Representatives (for municipality access) are assuring the STAC and Medicaid Unit that individuals listed are authorized to view data on the STAC database. Districts are responsible for making sure that only authorized individuals are granted access to the STAC Online System.

AGENCY INFORMATION			
Agency Type: ☐ School District ☐ Private Provider BOCES Special Act District ☐ Municipality ☐ I.Y. Program	Contact Designated for STAC Unit	Job Title	
	Mailing Address		
Name of Above:	City	State	ZIP(+4)
12-digit SED (BEDS) Code:	Phone	Fax	Email

Name, Title and E-mail address are required for all requests. Check ***one*** Approvals box AND/OR ***one*** Verifications box for new users and existing users seeking a change in access rights.

NAME	TITLE	EMAIL ADDRESS	STAC APPROVALS		STAC VERIFICATIONS	
			INQUIRY ONLY	INQ, ADD & UPDATE	VIEW ONLY	VIEW & VERIFY
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

THIS FORM MUST BE COMPLETED AND SIGNED BY:

- **DISTRICT SUPERINTENDENT (SCHOOL DISTRICT, BOCES, SPECIAL ACT DISTRICT & I.Y. PROGRAM)**
- **PROGRAM DIRECTOR (PRIVATE PROVIDER)**
- **MUNICIPALITY REPRESENTATIVE (COUNTY)**

Access to the STAC database will comply with the requirements of the federal Family Educational Rights and Privacy Act (20USC § 1232-g) and 8 NYCRR §200.2 (b)(6).

Signature	Title	Date
		____ / ____ / _____

Print Name	Telephone (Area Code) (Number)
Email Address	Fax (Area Code) (Number)

Return original form to:

New York State Education Department
STAC and Medicaid Unit
89 Washington Avenue, Room 514 EB
Albany, NY 12234

Attention: Kelly Mason
Adam Lenhardt

All User Codes and passwords will be sent to the authorizing official indicated in the signature section of this application. Request forms signed by someone other than the appropriate individual will be rejected. Please notify the STAC Unit of any unauthorized sharing of Usercodes and passwords, so that the STAC Unit can discontinue access to any affected Usercodes and passwords.