

Regional Center/Program Authorization for Assignment of Single Sign-on for Web Systems

Regional Center Name: _____

Regional Center Director: _____

Director's Phone Number: _____

Director's Email: _____

Scan and email signed form to:
ResultsHelp@doe.virginia.gov
Office of Data Services
Virginia Department of Education

Mailing Address: _____

Street Address: _____

Phone Number: _____ Center has a physical location with classrooms

Authorization for Assignment of Single Sign-on for Web Systems

The named **SSWS Account Manager** and **Back-up SSWS Account Manager** have been informed of the required duties and understand the security responsibilities associated with them.

SSWS Account Manager

Name: _____

Title: _____

Email: _____

Phone: _____

Back-up SSWS Account Manager

Name: _____

Title: _____

Email: _____

Phone: _____

Contacts

Position and Exit Collection Contact

Name: _____

Title: _____

Email: _____

Phone: _____

Student Behavior and Administrative Response Contact

Name: _____

Title: _____

Email: _____

Phone: _____

Master Schedule Collection Contact

Name: _____

Title: _____

Email: _____

Phone: _____

For public regional centers, this form can be signed by the director of the center or one of the superintendents of any division that sends students to the center.

Director or Superintendent's Signature

Date