STAC-602E   **Request Form for Online Access to the STAC Database (Employees)**   Rev. 9/2021

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 Online (EFRT) System. This application is required to obtain a valid Usercode and password or to 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 EFRT.

AGENCY INFORMATION		
Agency Type: ☐ School District ☐ Private Provider ☐ Municipality ☐ I.Y. Program BOCES Special Act District	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

Email Address

Telephone   (Area Code)   (Number)

Fax   (Area Code)   (Number)

EMAIL SIGNED/COMPLETED FORM TO:

OMSSTAC@nysed.gov

Attention:
Cameron Reynolds
Adam Lenhardt

Get STAC Unit Forms Online:
http://www.oms.nysed.gov/stac/contact_us/form_requests.html

All Usercodes 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/Medicaid Unit of any unauthorized sharing of Usercodes and passwords, so that the STAC/Medicaid Unit can discontinue access to any affected Usercodes and passwords.