

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

This form is used by School Districts, Municipalities (including Counties), and other SED-approved Education Providers (“educational entities”) who wish to authorize SED to allow their consultants to access data directly from the STAC Online (EFRT) System. This application is required to obtain a valid Usercode and password, change access rights or delete a consultant-user. By signing this application, Superintendents (for school districts), Program Directors (for SED-approved special education providers) and Section 4410 Municipality Representatives (for municipality/county access) are assuring the STAC/Medicaid Unit that individuals listed are: (1) designees of the education entity, authorized to view data on the STAC database and can be contacted directly by SED; and (2) working pursuant to a written contract with the educational entity, that includes confidentiality provisions that comply with FERPA, PPPL, and all applicable state and federal privacy and security laws and authorizes consultant(s) to perform necessary services for the educational entity that requires this access.

The Usercodes and passwords are issued to the educational entity which is responsible for making sure that only authorized consultants are granted access to the STAC Online (EFRT) System. **Therefore, educational entities must request a unique Usercode and password for each authorized consultant-user, must prohibit the sharing of passwords, and must notify SED immediately if the authorized consultant relationship is terminated.**

PUBLIC OR SED-APPROVED EDUCATIONAL ENTITY CONTRACTING WITH THIRD-PARTY CONSULTANT	
Agency Name: _____	Education Entity 12-digit SED (BEDS) Code: _ _ _ _ _ _ _ _ _ _ _ _
Type of Education Entity: <div style="display: flex; justify-content: space-between; width: 100%;"> School District Municipality I.Y. Program Other SED-Approved Education Provider </div>	

CONSULTANT-USER UNDER WRITTEN CONTRACT WITH EDUCATIONAL ENTITY <i>(TYPE OR PRINT CLEARLY)</i>	STAC APPROVALS		STAC VERIFICATIONS	
	INQUIRY ONLY	INQ, ADD & UPDATE	VIEW ONLY	VIEW & VERIFY
User Name: _____ Firm or BOCES: _____ Email: _____				
User Name: _____ Firm or BOCES: _____ Email: _____				
User Name: _____ Firm or BOCES: _____ Email: _____				
User Name: _____ Firm or BOCES: _____ Email: _____				

Name, Firm (if applicable) and E-mail address are required for all consultant requests.

Check one STAC Approvals box AND one STAC Verifications box for new users and existing users seeking a change in access rights.

THIS FORM MUST BE COMPLETED AND SIGNED BY: <ul style="list-style-type: none"> ▪ DISTRICT SUPERINTENDENT (SCHOOL DISTRICT & I.Y. PROGRAM) ▪ PROGRAM DIRECTOR (PROVIDER) ▪ MUNICIPALITY REPRESENTATIVE (COUNTY) 	EMAIL SIGNED/COMPLETED FORM TO:
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	OMSSTAC@nysed.gov Attention: Cameron Reynolds Adam Lenhardt
Print Name Telephone (Area Code) (Number)	Get STAC Unit Forms Online: http://www.oms.nysed.gov/stac/contact_us/form_requests.html
Email Address Fax (Area Code) (Number)	

All Usercodes will be emailed directly to the consultant-user with the Superintendent, Program Director, or Municipality Representative indicated in the signature section of this application copied on the email. Request forms signed by anyone other than the appropriate individual will be rejected. Please notify the STAC/Medicaid Unit of any unauthorized sharing or use of Usercodes and passwords, so that the STAC/Medicaid Unit can discontinue access to any affected Usercodes and passwords. **Note that all consultant accounts will be disabled on a yearly basis on January 15th if the educational entity has not reauthorized them prior to that date.**