Remote Access Agreement

2017-2018 School Year

Please Print Clearly

Company or Organization:		
Telephone Number:		
Date of Request:		
Purpose of Access: <u>Use of Migrant Education</u>	Program Studer	nt Database
Duration of Agreement: July 1, 2017 – June 3 (Not to exceed 365 days)	30, 2018	
Please check the appropriate boxes below:		
	☐ Contractor	☐ Other:
Records Manager: ☐ Employee ☐	☐ Contractor	☐ Other:
By signing on the line below, you are agreeing	; :	
Technology resources which are incorresult in system instability.That any computer you will use to acc	ve been given. Alaska Departm sistent with the ess the Migrant of any maliciou	ent of Education & Early Development Information spirit of this agreement, violate any State or Federal law or Education Program Student Database is protected by Anti- is code or applications (E.G., virus, Trojans, worms, key
District Federal Programs Director		Migrant Education Records Manager
Printed Name		Printed Name
Signature		Signature
Date		Date

The State of Alaska reserves the right to rescind this agreement at any time without prior notification.

Please return forms by **August 15, 2017** to: **Jannessa Luerra**

Email: jannessa.luerra@alaska.gov