



REGISTRATION FOR ACCESS TO "SISC Web Portal" (HEAR on the Web)

Return to SISC via fax: (661) 636-4893 or
Email: kacouch@kern.org

Registration Prepared by: Chris Rahe Date: 02/06/2015
 Phone No.: 661 766-2486 E-mail Address: crahe@cuyamaunified.org
 District Name: Cuyama Joint Unified School District District CDS Code: 75010
(Do not abbreviate)

District Address: 2300 Highway 166 Maricopa CA 93252 www.
(Street) (City) (State) (Zip) (Web Address)

SISC will provide a user name and password for each authorized user. Each authorized user will be sent two separate E-mails, one with their user name and a second with their password. For a list of current authorized users, please refer to the Rates-At-A-Glance.

AUTHORIZED USERS SECURITY LEVEL

Please check at least one security level box for each user. (CURRENT USERS WILL BE REMOVED IF NOT LISTED ON THIS FORM)

CHANGE: <input type="checkbox"/> ADD USER <input checked="" type="checkbox"/> NEW NAME <input type="checkbox"/> SECURITY LEVEL <input type="checkbox"/> E-MAIL ADDRESS <input type="checkbox"/> REMOVE USER	Superintendent: <input type="checkbox"/> None <input checked="" type="checkbox"/> Correspondence <input type="checkbox"/> Rates At A Glance <input type="checkbox"/> Billing Name: <u>Dr. Paul Chounet</u> E-mail Address: <u>pchounet@cuyamaunified.org</u> This person is replacing (to be removed): <input checked="" type="checkbox"/> No Change (Current Authorized User) <u>Roland Maier</u>
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<input type="checkbox"/> ADD USER <input type="checkbox"/> NEW NAME <input type="checkbox"/> SECURITY LEVEL <input type="checkbox"/> E-MAIL ADDRESS <input type="checkbox"/> REMOVE USER	Billing/Finance Contact: <input type="checkbox"/> Correspondence <input type="checkbox"/> Rates At A Glance <input type="checkbox"/> Billing Name: E-mail Address: This person is replacing (to be removed): <input type="checkbox"/> No Change (Current Authorized User)
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<input type="checkbox"/> ADD USER <input type="checkbox"/> NEW NAME <input type="checkbox"/> SECURITY LEVEL <input type="checkbox"/> E-MAIL ADDRESS <input type="checkbox"/> REMOVE USER	Billing/Finance Contact: <input type="checkbox"/> Correspondence <input type="checkbox"/> Rates At A Glance <input type="checkbox"/> Billing Name: E-mail Address: This person is replacing (to be removed): <input type="checkbox"/> No Change (Current Authorized User)
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<input type="checkbox"/> ADD USER <input type="checkbox"/> NEW NAME <input type="checkbox"/> SECURITY LEVEL <input type="checkbox"/> E-MAIL ADDRESS <input type="checkbox"/> REMOVE USER	Human Resources Contact: <input type="checkbox"/> Correspondence <input type="checkbox"/> Rates At A Glance <input type="checkbox"/> Billing Name: E-mail Address: This person is replacing (to be removed): <input type="checkbox"/> No Change (Current Authorized User)
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<input type="checkbox"/> ADD USER <input type="checkbox"/> NEW NAME <input type="checkbox"/> SECURITY LEVEL <input type="checkbox"/> E-MAIL ADDRESS <input type="checkbox"/> REMOVE USER	Broker Contact: <input type="checkbox"/> Correspondence <input type="checkbox"/> Rates At A Glance <input type="checkbox"/> Billing Name: E-mail Address: This person is replacing (to be removed): <input type="checkbox"/> No Change (Current Authorized User)
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Authorized Signature (District Administrator):

Signature:
Name and Title: <u>Chris Rahe - Chief Business Official</u>
Date:

PLEASE MAKE COPIES OF THIS FORM AS NEEDED.