# TEDS (Technical Education Database System) Access Request

*All information provided will be used to assign access to the TEDS database and will not be shared with any other person or agency*

### Attendance at Mandatory Training Required Prior to Receipt of TEDS User ID

For access to the web-based Technical Education Database System (TEDS):

* **BEFORE YOU BEGIN**: Download and save a copy of this document
* Complete and submit the application only
  + **TYPE** all information into form. **HANDWRITTEN FORMS WILL NOT BE ACCEPTED**
  + Print form for signatures only
  + Scan and email SIGNED FORM ONLY to [claude.christian@education.ky.gov](mailto:claude.christian@education.ky.gov)
* Be sure to retain a copy of the signed form for school records
* Incomplete forms will not be processed or returned
* New User IDs will be provided during training session

## INSTRUCTIONS FOR COMPLETING A TEDS USERID REQUEST FORM

This form is required for **ALL TEDS users** (new and existing) prior to attending a training session.

Complete a separate form for each individual.

1. **LAST NAME, FIRST NAME, MIDDLE INITIAL**: Provide legal name. Please do not use nicknames. Middle initial must be included. *(if no middle initial provided, an “X” will be used to maintain naming protocol)*
2. **DISTRICT:** Provide full name of school district. **Enter “N/A” if a college or university**
3. **POSITION/TITLE:** Please provide the staff person's position or work title.
4. **WORK EMAIL:** Enter your work email. Personal email addresses will not be accepted.
5. **ROLE:** Select your requested role from the dropdown. *Descriptions are found below*

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| --- |
| **ROLES** |
| **Secondary School Administrator – FULL** *(Secondary ONLY)* |
| **Secondary School Administrator – READ ONLY (CANNOT EDIT)** *(Secondary ONLY)* |
| **Other School Administrator – FULL** *(Postsecondary ONLY)* |
| **Other School Administrator – READ ONLY (CANNOT EDIT)** *(Postsecondary ONLY)* |

1. **SCHOOLS:** Enter Complete Name of School (no abbreviations) Do not list your feeder schools
   1. If multiple schools, separate by commas.
   2. Access can only be granted to a school if the supervisor of that school signs the form
2. **AGREEMENT:** Read and check next to each statement to acknowledgement understanding of expectations for TEDS users.
3. **SIGNATURE OF USER/DATE:** The staff person for whom the user id is being requested must sign and date the form.
4. **PRINT Username**: Print username legibly
5. **SIGNATURE OF SUPERVISOR/DATE:** The supervisor for the staff person must sign and date the form.
6. **PRINT Supervisor’s Name:** Print Supervisor name legibly
7. **SCAN DOCUMENT AS PDF. DO NOT SUBMIT PICTURES. MULTIPLE FORMS MUST BE SUBMITTED SEPARATELY**

**Kentucky Department of Education**

**Office of Career and Technical Education**

# REQUEST FOR USERID AND TEDS ACCESS

This form is required for **ALL TEDS users** (new and existing) prior to attending a training session

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Middle Initial: Click or tap here to enter text.

District: Click or tap here to enter text. *(if a college, university or corrections enter N/A)*

Position / Title: Click or tap here to enter text.

WORK Email: Click or tap here to enter text.

Role: Choose an item.

School(s): If multiple schools, separate by commas. Enter Complete Name of School (no abbreviations)

Click or tap here to enter text.

## AGREEMENT AND SIGNATURES

*Read and check next to each statement to acknowledgement understanding of expectations for TEDS users*

☐ I understand that assignment of a TEDS User ID may allow access to confidential information and/or records so that I may perform my specific job duties. I further understand and agree that I am not to disclose confidential information and/or records without the prior written consent of the appropriate authority(s) in the Cabinet for Kentucky Education and Workforce Development, Kentucky Department of Education, Office of Career and Technical Education.

☐I understand that all TEDS User ID /passwords are unique and that I am solely responsible for all information obtained using my unique identification. At no time will I allow the use of my TEDS User ID /password by any other person.

☐ I understand that if my TEDS User ID remains inactive for 120 or more days, my account will be locked out. I further acknowledge that should my TEDS User ID be locked a second time due to inactivity I will be required to attend a full training in order to regain access to TEDS.

☐ I understand that if my TEDS User ID remains inactive for 180 or more days, my account will be locked out and I will be required to attend a full training in order to regain access to TEDS.

☐I understand that I am required to attend a full training session **every two years** as scheduled by the TEDS State Coordinator in order to maintain access.

☐I understand that accessing or releasing confidential information and/or records on myself, other individuals or clients, constitutes a violation of this agreement and may result in disciplinary action taken against me up to and including dismissal and/or prosecution as provided by state or federal law. Complete information concerning unlawful access to a computer, confidential treatment of reports and records and the penalties for misuse of the information can be found in KRS 434.840 through 434.860, KRS160.700 through 160.730 and 20 USC §1232g and 5 USC §552a.

**User’s Signature Date Supervisor’s Signature Date**

**PRINT User’s Name PRINT Supervisor’s Name**

**MULTIPLE FORMS MUST BE SUBMITTED SEPARATELY**