

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 to PDF and email SIGNED FORM ONLY to claude.christian@education.ky.gov **NO PICTURES**
- Be sure to retain a copy of the signed form for school records
- Incomplete forms will not be processed or returned
- User IDs for new users 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*

ROLES
Secondary School Administrator – FULL <i>(Secondary ONLY)</i>
Secondary School Administrator – READ ONLY (CANNOT EDIT) <i>(Secondary ONLY)</i>
Other School Administrator – FULL <i>(Postsecondary ONLY)</i>
Other School Administrator – READ ONLY (CANNOT EDIT) <i>(Postsecondary ONLY)</i>

6. **SCHOOLS:** If multiple, separate each by comma.
 - a. Enter Complete Name of School (no abbreviations) *Do not list your feeder schools*
 - b. Access can only be granted to a school if the supervisor of that school signs the form
7. **AGREEMENT:** Read and check next to each statement to acknowledgement understanding of expectations for TEDS users.
8. **SIGNATURE OF USER/DATE:** The staff person for whom the user id is being requested must sign and date the form.
9. **PRINT Username:** Print username legibly
10. **SIGNATURE OF SUPERVISOR/DATE:** The supervisor for the staff person must sign and date the form.
11. **PRINT Supervisor's Name:** Print Supervisor name legibly

SUBMIT THE APPLICATION ONLY. DO NOT SUBMIT THE INSTRUCTIONS PAGE

**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: _____ First Name: _____ Middle Initial: _____

District: *(if a college, university or corrections enter N/A)*

Position / Title: _____ WORK Email: _____

Requested Role: _____

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

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.
- 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

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FORMS WILL NOT BE PROCESSED IF INCOMPLETE OR IF EITHER SIGNATURE IS MISSING
DO NOT SUBMIT INSTRUCTION SHEET. MULTIPLE FORMS MUST BE SUBMITTED SEPARATELY
SCAN FORM AS PDF. DO NOT SUBMIT PICTURES