

Texas Education Agency
Terms of Limited Access to Confidential Data
School Districts/Charter Schools – User Agreement – Secure-Online

Please complete the information below for the designated individual to access Secure-Online

Please Type/Print Clearly

Full Name: _____ Title: _____

Telephone: (____) _____ Fax: (____) _____

Email Address: _____

I agree to keep confidential all individually identifiable data pertaining to or as part of the process of accessing Secure Online. These data have been provided to me pursuant to the consent of individual and state and federal law, including the Family Education Rights and Privacy Act of 1974 (FERPA). I agree to abide by these laws.

I understand that I am responsible for keeping my signon and password confidential and to protect these data, and I will not distribute individual data to any person, except as authorized by the rules, policies, and legal requirements for the entity for whom I am employed or under contract and that do not conflict with the terms of this agreement. I understand that I am responsible for any computer transactions performed as a result of access authorized by use of my signon or password.

Signature (of individual to use Secure Online) _____
Date

Below, the authorized district/school representative is requesting access to Secure Online for the individual named above.

District/School Name : _____ County/District Number _____

Authorizing Name: _____ Telephone: (____) _____
(Print)

Title: _____ Fax: (____) _____

E-Mail Address: _____

The individual (named in the top half) has the authority to represent my organization using Secure Online for the capabilities indicated by me below.

Signature (of authorizing individual) _____
Date

- General Access (view educator credentials, examinations, requests status, make name changes)
- Permits - Data Entry/Permit Access Only
- Permits - Submit Permits/request hardships from TEA
- Enter basic profile information/Recommend Educational Aide Certificates
- Fingerprinting – SB9 Upload and Update Access
- Fingerprinting – SB9 Read Only Access
- Deactivate access of individual listed above

Please FAX this completed form to Secure Online Access (512) 936-8298