

**UPON COMPLETION, THIS FORM IS STRICTLY CONFIDENTIAL**

**Security Form – E1B “Exceptional Education Registration” (EEREG) Access  
Western New York Regional Information Center**

**PART A – Authorized DISTRICT User**

Complete this section to identify the person who requires authorized access to the E1B “Exceptional Education Registration”, (EEREG) application. The authorized user **MUST review Parts C and D** of this form **and sign** the “Acceptable Use” policy on the reverse side, in **Part D**.

School District /LEA \_\_\_\_\_ BEDS Code \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Telephone # \_\_\_\_\_ Building \_\_\_\_\_

Position Title \_\_\_\_\_ Birth day date \_\_\_\_\_ For Example: 06

School Address \_\_\_\_\_ City \_\_\_\_\_

Zip code \_\_\_\_\_ Work email address \_\_\_\_\_

**PART B – Organizational Roles requested.**

CHECK ONLY WHAT APPLIES (Any one individual may have both levels)

<u>Add</u>	<u>Remove</u>	<u>Level of Access</u>
<input type="checkbox"/>	<input type="checkbox"/>	School Year Referrals (District Reps who make referrals for EEREG <u>School Year programs</u> )
<input type="checkbox"/>	<input type="checkbox"/>	Summer Program users (District Reps who make requests for EEREG <u>Summer programs</u> )

**PART C – Procedure for assigning User ID and Password. Please read.**

If the requestor currently has a WNYRIC User ID (current work e-mail address) for other E1B/WNYRIC applications, the user will receive access to the E1B “Exceptional Education Registration” application using his/her WNYRIC User ID.

If the user does NOT currently have a WNYRIC User ID, the work e-mail address from **Part A** of this form will become the WNYRIC User ID for the authorized user and a temporary password will be created by the WNYRIC. An automated e-mail will be sent to the user with that temporary password. The e-mail will contain instructions for creating a more permanent password and “password reset” questions to be used if the authorized user forgets his/her password.

Passwords created for, and by authorized users, are secure information to be used for the purpose of allowing each individual user, **and only that user**, to use the WNYRIC User ID and the computer privileges associated with it.

If the authorized user forgets his/her password, the authorized user will be able to establish a new password using the “password reset” questions he/she established. For password assistance, the user should contact the WNYRIC Service Desk ([servicedesk@e1b.org](mailto:servicedesk@e1b.org)). If a password is stolen, the authorized user should also contact the WNYRIC Service Desk.

### **PART D: Acceptable Use of the “Exceptional Education Registration”, (EEREG), application**

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As an authorized user of the E1B “Exceptional Education Registration”, (EEREG), application, I agree **NOT** to:

1. Violate the property rights, and copyrights, in data and computer programs.
2. Obtain unauthorized access to and use of an account, data, files and the network facilities, or use of such facilities for purposes other than those intended.
3. Obtain unauthorized access to and use of an account or any information contained in an assessment file or the network facilities for personal or private gain.
4. Access or use files or data containing personally identifiable education records without proper authorization.
5. Disclose, without proper authorization, the contents of any database or file containing personally identifiable information from the education records of students.

Any person who engages in unauthorized or unacceptable use of the E1B “Exceptional Education Registration”, (EEREG) application may be subject to disciplinary and/or legal action as appropriate. Erie 1 BOCES reserves the right immediately to suspend or terminate use by any authorized user for violating the above-mentioned “Acceptable Use” policy. The undersigned acknowledges that his/her use of the WNYRIC “Exceptional Education Registration”, (EEREG), application will be consistent with the requirements of all applicable laws and regulations.

**Please sign and date:**

**Authorized User** \_\_\_\_\_ **Date** \_\_\_\_\_

**District Director of Special Education** \_\_\_\_\_ **Date** \_\_\_\_\_

**Superintendent** \_\_\_\_\_ **Date** \_\_\_\_\_  
(School District Superintendent or Chief School Officer)

**Once this form is complete with required signatures, please scan the form and e-mail it to the E1B Special Education support person assigned to work with your district. Any questions, please call 716-821-7372 or 716-821-7023.**