



Madison Local School District
Madison Network/Account Form

New Account []

Terminate Account []

Update Account []

Name: (Please Print) (Last) (First) (Middle Initial)

Address: (Street Address) (City) (State) (Zip Code)

Employee Phone # () Start Date End Date (If Applicable)

Building Assignment(s): (Check all that apply)

HNK NME RBE MMS MHS MEM BOE

Certificated Non-Certificated Position/Title:

Grade Subject (If Applicable) (If Applicable)

Permanent Assignment Long Term Teacher Assignment (Name of Absent Teacher)

Update Account: Bldg/Assignment Change (Please Specify) Name Change (Old Name)

Please check access needed:

Network E-Mail Website Helpdesk AESOP Infinite Campus LPDC

Employee Signature Date

By signing this, I agree to abide by all acceptable use policies as defined by any District, LGCA, State, and/or Federal guidelines.

Please return completed form to the EMIS Department at the Madison Board Office.

(For Board Office Use Only)
Network Account: Username Password Assigned By
E-Mail: Username Password
Website: Username Password
Helpdesk: Username Password
AESOP: Username Password
Infinite Campus: Username Password
LPDC: Username Password