eLicensing Verification Access - School District User Request

AU-D

School District* Authorized User Deactivation Request

This form is required to be submitted anytime access to eLicensing via an online lookup needs to be deactivated.

*For the purposes of this request – "school district" is any school district, public charter school, BOCES, facility school or state-operated program to be known herein as "school district".

Instructions:
The Licensing Coordinator (LC) will complete this form when notifying CDE that an Authorized User (AU) no longer needs eLicensing Verification Access. You can use this form to notify us that up to 5 people need to be deactivated (for more, submit an additional form).

Once this form has been completed, the LC will then email it to CDELicensingBackgroundUnit@cde.state.co.us with "*AU Deactivation*" in the subject line. If the deactivation is urgent, please indicate that below and CDE will deactivate the account as soon as possible.

Licensing Coordinator
Required Field

LC Last Name*	LC First Name*	LC Title*

School DistrictEmail Address*	Contact Phone*	School District*

Deactivation Request

1

Please *remove* the below AU access to*: ☐ Access to eLicensing ☐ Subsequent Arrest Reports Email

Reason*:

☐ URGENT

As this School District's Licensing Coordinator with CDE, I do hereby request that the below AU's access to the eLicensing system by deactivated or modified.

Signature* ✗   Date*

AU Last Name*	AU First Name*	AU Title*

2

Please *remove* the below AU access to*: ☐ Access to eLicensing ☐ Subsequent Arrest Reports Email

Reason*:

☐ URGENT

As this School District's Licensing Coordinator with CDE, I do hereby request that the below AU's access to the eLicensing system by deactivated or modified.

Signature* ✗   Date*

AU Last Name*	AU First Name*	AU Title*

3

Please *remove* the below AU access to*: ☐ Access to eLicensing ☐ Subsequent Arrest Reports Email

Reason*:

☐ URGENT

As this School District's Licensing Coordinator with CDE, I do hereby request that the below AU's access to the eLicensing system by deactivated or modified.

Signature* ✗   Date*

AU Last Name*	AU First Name*	AU Title*

4

Please *remove* the below AU access to*: ☐ Access to eLicensing ☐ Subsequent Arrest Reports Email

Reason*:

☐ URGENT

As this School District's Licensing Coordinator with CDE, I do hereby request that the below AU's access to the eLicensing system by deactivated or modified.

Signature* ✗   Date*

AU Last Name*	AU First Name*	AU Title*

5

Please *remove* the below AU access to*: ☐ Access to eLicensing ☐ Subsequent Arrest Reports Email

Reason*:

☐ URGENT

As this School District's Licensing Coordinator with CDE, I do hereby request that the below AU's access to the eLicensing system by deactivated or modified.

Signature* ✗   Date*

AU Last Name*	AU First Name*	AU Title*

Need more information? Visit our website at www.cde.state.co.us/cdeprof/districthrs for the most up to date information created just for public school districts.

EVA.AUD.102416