





Scout User Support: 1300 790 844

School Services Tailored Support - Full School Access (Please note: This form is for DoE staff use only).

PARTA - REQUESTER INFO	MWATION (/		asterisk () are require	u _j		
*Which school do you need	access to:					
*Start Date:	*End Date:					
*For which staff (Please pro	vide employ	yee details in the below fie	elds)			
*Employee Name:	*Employee Email:			*Approval Initial		
Employee Name.				Principal DEL PEO		
PART B – AUTHORISATION	/ CERTIFICA	TION				
The access to Scout requested above is appropriate and consistent with applicable policies that apply to data governance and information access in the Department. Your application will be verified with respective data owners.						
I certify that the above infor				emplove	2(5).	
*Approval: A + B1/B2					-(0).	
		Name	Signature			
*A: School Services PEO:						
*B1: School Principal: OR						
*B2: Director, Educational Lo	eadership:					
N.B. This form is NOT designated for requesting access to multiple schools in Scout.						
Please email the completed form to scout.support@det.nsw.edu.au and include 'School Services Tailored						
Support - Full School Access Approval Form' in the email subject line.						