

Ministry of Education Applications: Please indicate (check all, if applicable) if you have access to any of the application(s):

OEN OnSIS ESDW

If yes, then please provide your User ID: _____

Please do not fill in the section **Preferred User Name for Log-in** under section 1 if you have indicated your access to any of the Ministry of Education application(s) above.

The information collected in this form is necessary for the administration of secure access to Ministry of Education applications.

SECTION 1: to be completed by the USER (Print using BLOCK letters).

Preferred language: English Français

Prefix	Last name	First name	Middle initial
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Title	Board Name	Board # (BSID)
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Work address	City	Province	Postal code
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Work telephone #:	Extension	Work e-mail: <small>(Note - mail received at this address must be accessible only by you)</small>
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Preferred User Name for Log-in (Do not use more than 15 characters. Do not include any symbols, special characters or accented characters)

Note 1: If neither of your choices can be granted, incremental numerics will be added to your first choice to generate your user name (e.g., smithjohn2).

Note 2: This user name must not be shared. **Each user must have her/his own user name as it represents a unique ID.**

Choice #1: _____

Choice #2: _____

User's Acknowledgment

By signing below the user agrees to the following:

- A. The code (first-time password) assigned to me is for my use **exclusively** and I will protect and manage it, as per item D on reverse, to prevent its disclosure.
- B. I will notify the ministry Local User Authority (LUA) if my password has been compromised.
- C. I will notify the ministry by using this form, if any information provided on this form changes.
- D. I will only access information for which I am authorized to use by my role under relevant Ministry of Education application(s). I am responsible for and will maintain the **strictest confidentiality** of all such information.
- E. I will not access Ministry of Education application(s) through public access terminals including but not limited to terminals at public libraries, Internet Café etc."

Signature: X Date: _____

IMPORTANT: Following the processing of this form the user will receive three separate e-mails from the ministry. One e-mail will contain the user name and the second will contain the "code." The "code" is the password used for the first log-in. The system will prompt the user to change the password after the first log-in. The third e-mail will contain a snapshot of the user's profile.

SECTION 2: to be completed by the Director of Education of DSB or Secretary of School Authority (Print Using BLOCK Letters).

Please select from the following:

Assign OSYC Role **Revoke OSYC Role** **Update User Information** **Reset Password**

OSYC Role Assignment: Board-Level USER (Production)

Authorizer's Acknowledgment

By signing below I am authorizing the user named in Section 1 to have the access and role(s) specified above. I also agree to follow the procedure to revoke these privileges when the user is no longer authorized to have this access.

Prefix	Last name of Authorizer	First name of Authorizer	Middle initial of Authorizer
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Title of Authorizer	Board Name	Board # (BSID)
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Signature of Authorizer	Date	Work telephone #:	Extension
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X _____

SECTION 3: to be completed by the BOARD Local User Authority (LUA) (Print Using BLOCK Letters).

Last Name	First Name	Board Name	Board # (BSID)
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Signature of Board LUA	Date	Work telephone #:	Extension
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Ministry Use Only:	User Name assigned:	Date Processed:	Initialed:
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INSTRUCTIONS FOR COMPLETING FORM REQUEST FOR USER ACCOUNT ADMINISTRATION FROM A SCHOOL BOARD

A. PURPOSE OF THIS FORM:

This form should be used to make a request for user account administration from a School Board to have secure access to Ministry of Education applications. These applications are subject to appropriate security measures due to the personal and confidential information they contain.

B. WHO TO CALL FOR ASSISTANCE:

For general questions or if a user is being assigned access on behalf of more than one School Board call 416-212-6366 or 1-888-275-5934 for additional instructions.

C. THIS FORM TO BE USED FOR UPDATES, REVOKE USER ACCESS AND TO REQUEST A NEW PASSWORD FOR AN EXISTING USER:

If a user has already been granted secure access to Ministry of Education applications and there is a need to update their personal information, add or remove an application or role, a new form is required to be submitted.

Please contact your Regional Office to obtain a copy of the form.

D. INSTRUCTIONS FOR COMPLETING SECTION 1:

The user must complete and sign Section 1. Illegibility or incompleteness will delay the processing of this form. The user responsibilities related to accessing the Ministry of Education applications are spelled out in Section 1. **The information contained in these Ministry of Education applications is strictly and absolutely confidential and must not be disclosed to unauthorized individuals at any time, for any purpose whatsoever.**

i. User Name

A user will be assigned only one user name to access all the applicable ministry application(s). The user is asked to provide a first and second choice for a user name for the purpose of logging in. Users should be careful to choose a name that they can remember. Each user name must be unique; therefore it is not possible to guarantee the first choice of user name will be available. If both the requested user names have already been assigned, the first choice with a number appended (to make it unique) will be assigned. Users will be notified by e-mail of the user name assigned to them. User names cannot contain more than 15 characters. User names may not contain any symbols, special characters or accented characters.

ii. Code (first-time password) and Password

Users will receive a second e-mail containing their ministry-issued "code" (first-time password). **This code will expire upon first log-in.** The system will then prompt the user to create their own password as well as their secret questions and answers. The user is the only one who should ever know their password. **Passwords must not be shared.**

E. INSTRUCTIONS FOR COMPLETING SECTION 2:

Section 2 is to be completed and signed by the Director of Education of the District School Board or the Secretary of the School Authority.

F. INSTRUCTIONS FOR COMPLETING SECTION 3:

Section 3 is to be completed and signed by the Board Local User Authority.

G. SUBMITTING THIS FORM – MAILING ADDRESS:

Once the user has completed and signed section 1 and the Director of Education of the District School Board or the Secretary of the School Authority has completed and signed section 2, the original form must be forwarded to the Board LUA. Once all sections are completed and signed the original form must be mailed to: LUA Staff, Ministry of Education, Information Management Branch, 4th Floor, Suite 422, 777 Bay Street, Toronto ON M5G 2E5.