Pinnacle Insight User Login Request

I, _____, Superintendent or Authorized Representative, approve the users described below to have access to Pinnacle Insight at the access level(s) described below, and request creation of their accounts:

First Name	**Last Name**	**Email Address**	**Scope: Full System, Limited System, or Other**	**Access Level: Please specify County, District, or Building with Names**
Example: John	*Smith*		*Full System*	*Kalamazoo County*
Example: Marie	*Thomas*		*Limited System*	*District: Kalamazoo Public Schools, Building: Kalamazoo Central High School*

Please Indicate Reason(s):

- ☐ School Officials with a legitimate educational interest
- ☐ Other schools into which a student is transferring or enrolling
- ☐ Specified officials for audit or evaluation purposes
- ☐ Appropriate parties in connection with financial aid
- ☐ Organizations conducting certain studies for or on behalf of the school
- ☐ Accrediting organizations
- ☐ Judicial orders or lawfully issued subpoenas
- ☐ Health and safety emergencies
- ☐ State and local authorities, within a juvenile justice system, pursuant to specific state law

Signed: _____

Date: _____