

## USER REQUEST FORM

*SC Educator*

This form is for District employees to receive access to SC Educator (formerly PCS). Please refer to page 11 in the SC Educator User Manual for a detailed description of each user role.

An authorized signature by the immediate supervisor of the employee requesting access is needed.

**District Name:** \_\_\_\_\_

**District Number:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Type of Request:**

Add ☐

Remove ☐

Update ☐

**User Role:**

District Coordinator ☐

Update User ☐

Guest User ☐

Technology User ☐

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Return this form to Michael Scheele at [mscheele@ed.sc.gov](mailto:mscheele@ed.sc.gov).

Please allow 24 hours for requests to be processed.