



**WEB PARTICIPATION
School District User Authorization Form**

Please list all school district personnel authorized to access the WinCap Web Participation system for 2017-18 Fiscal year services.

School District Name: _____

The following people (Superintendent or assigned designee) should have **approval access** for Participation. The approver may view, update and submit final approved participation for all BOCES services.

Last Name, First Name, Middle Initial	E-Mail Address	Title
1.		
2.		

The following people should have **update access**. Approvers may view and update our district's participation for all BOCES services.

Last Name, First Name, Middle Initial	E-Mail Address	Title
1.		
2.		
3.		
4.		

The following people should have **view-only access**. They may view our district's participation for all BOCES services.

Last Name, First Name, Middle Initial	E-Mail Address	Title
1.		
2.		
3.		
4.		

Users will be notified when access is available.

Please forward this authorization form to your School Superintendent for signature.

Note: School Superintendent - Please sign the back of this form and mail original to address indicated – keep a copy for your District Participation Records. Thank you.





STATEMENT OF CONFIDENTIALITY

I authorize my school district employees listed to have access to the WinCap Web Participation system. As users of web applications through WinCap Web, we agree to not:

1. Violate the property rights and copyrights in data and computer programs.
2. Intentionally or neglectfully destroy or damage other users' data.
3. Obtain authorized access to and use of an account, and the network facilities, or use of such facilities for purpose other than that intended.
4. Obtain unauthorized access to and use of an account, and the network facilities, for personal or private gain.
5. Read or use private files/data without proper authorization.
6. Divulge the contents of any database holding personnel and confidential information related to children, parents or school business operations.
7. Attempt, without authorization, to modify computer hardware or system software.
8. Use the network for slanderous, abusive, intimidating, or otherwise offensive messages.
9. Use the network to send unsolicited, non-educationally related messages which are inoffensive, but which consume system resources.
10. Fraudulently use another person's name to send or receive messages.

When there is an indication of unauthorized use or abuse of the system or any other action that interferes with the proper functioning of the system, or impinges on the rights of other users, the New York State Education Department, Erie 1 BOCES; in cooperation with the local BOCES, or other appropriate agency will be authorized to investigate. Unethical or irresponsible use of the system will be referred to the appropriate authorities for disciplinary or legal action. System users have a responsibility to maintain the integrity of the system and to use it only in an authorized and appropriate manner.

School Superintendent's Name: _____
(Print or type)

Title: _____ **E-Mail:** _____
(Superintendent or Assigned Designee) (Print or type)

Signature: _____ **Date:** _____

Please forward this form to Jim Fregelette
Erie 1 BOCES Bldg A, 1st floor
355 Harlem Road, West Seneca, NY 14224

FOR Erie 1 BOCES OFFICE USE ONLY	
E1B BOCES Executive Director of Finance & Information Systems	Date: _____
_____	_____
(Print Name)	(Signature)
Forward original to: Erie 1 BOCES Education Campus Finance Office 355 Harlem Road, West Seneca, NY 14224	

For questions please contact BOCES Finance Office at 821-7100. Thank you.

