

# NEOMIN

Account Application  
Monday, January 28, 2019

**Add**  
**Change**  
**Delete**

Please complete, print & include signatures  
Fax or mail to NEOMIN for processing  
528 Educational Hwy, Warren OH 44484  
FAX: 330 847-8568 PH: 330 847-6464

**Name:** **Work Phone Number/Ext.** **E-mail:**

**Your job title:** Athletic Director  
**Your district:** Ashtabula City  
**Your building:** Lakeside Sr HS

**Select services you need:**  
**ESIS** - See your district ESIS Coord Fiscal Applications/Remote PO \* District Email Administration  
**Email** - See your Technology Coord EMIS State Data \* District Proxy Administration

**Select distribution lists PERTINENT to your job :**

Adult Education	Athletic Directors	Attendance Officers
Business Office	Curriculum Directors	EMIS Coordinators
Fiscal Services	GED Test Administrators	Guidance Counselors
INFOhio / SIRSI Users	Maintenance Personnel	Principals
School Board Members	SchoolNet	Special Education
Student Services	Superintendents	Teachers
Technology Coordinators	Test Coordinators	Transportation Personnel
Vocational Education		

\* indicates you also need to fill out the [EMIS/Fiscal authorization form](#).

The NEOMIN systems to which your account has access should be used exclusively for district related business. It is understood that misuse of your account can lead to the temporary or permanent loss of system access. Any loss of data or costs resulting from the misuse of these privileges will be the responsibility of the school district or company requesting these privileges. NEOMIN reserves the right to reject requested privileges where sufficient need is not demonstrated as well as the right to suspend use of the account for reasons of misuse or for system maintenance. Please review the NEOMIN [policy](#) before signing this form. By signing this form you are stating that you have read & consent to the referenced NEOMIN policies & that you have signed an Acceptable Use Policy at the district level.

\_\_\_\_\_  
*Name Printed (Job title if you chose "other" )      Your Signature & Date*

\_\_\_\_\_  
*Supervisor's Name Printed      Supervisor's Signature & Date*

\_\_\_\_\_  
*NEOMIN Executive Director      Superintendent/Authorized Employee's Signature/Date*