



**eLicensing Verification Access - School District User Request**

**AU**

**School District Authorized User Request**

This form is required to request access to the eLicensing Verification Access. This form is ONLY for authorized human resource or other administrative public school district staff with hiring authority. This form can only be completed once your school district has an approved Licensing Coordinator (LC). If you are requesting to be your district's LC, this is the wrong form. Once you have completed this form, you will need to login to your eLicensing account and submit this form to us in your *User Request Application*. The requestor must agree to the terms set forth and your access must be approved by your school district's\* Licensing Coordinator\*\*. Prior to the submission of this form, we must have a signed School District Agreement that would have been executed by your school district's Superintendent or Human Services Director.

\*For the purposes of this agreement—a "school district" is any public school district, public charter school, BOCES, facility school or state operated program to be known herein as "school district". \*\*For the purpose of this form and this lookup, "CDE" means the Colorado Department of Education—Educator Licensing Unit only and does not encompass any other CDE unit, program or system. \*\*\*The Licensing Coordinator is the single person at your school district that has been authorized by CDE to approve user access requests.

**Instructions: All requests for access must be applied for via the eLicensing system.** Complete this form requesting to be an Authorized User (AU) for your district by seeking approval from your district's LC. Once completed, you will upload a scanned copy of this form into your application for access. No requests are accepted via email or via the mail. For more detail, please visit <http://www.cde.state.co.us/cdeprof/districthrs>.

Please PRINT

**Requestor - to be known herein as "Authorized User (AU)"**

\* Required Field

**1** Are you making this request on behalf of a public charter school?\*  Yes *If yes, complete the Charter School section here.*  
 No *If no, skip this Charter School section & move to the next section.*

<b>Charter School Only</b>	<b>a</b> Are you employed directly by the charter school? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>b</b> Are you the head of the governing board of the charter school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Governing Board Chairperson		Chairperson Contact Email	
	Name of Charter School		Charter School Address	
	4 Digit School Number		Web Address	
		Charter School Address		Phone
		What school district holds your charter? <input type="checkbox"/> CSI		

Pursuant to statute, access to background information must be made by the governing board of a charter school. If you are not the head of the governing board of the charter school, you must obtain a letter on the charter school's letterhead from the head of the governing board stating that you have been authorized by them to receive such information.

**Requestor**

Last Name*	First Name*	Title*
Email Address*		Contact Phone*

**!** This agreement is between the Colorado Department of Education, Educator Licensing Unit (CDE) and the above listed SDO for direct access to CDE's eLicensing system. The purpose is to specify the standards and responsibilities of both the CDE, the SDO and/or the LC in the operation and use of the eLicensing system. Access is not guaranteed and is solely at the discretion of CDE. **Initial next to each of the following line items.**

- A** CDE agrees to provide access to the information contained within the eLicensing system as authorized by Colorado law to approved users. The school district understands that the information contained in eLicensing is in real-time and may supersede any printed certificate or other documentation that an educator may possess. An SSN is required.
- B** The school district agrees that the LC is an employee or designee\* of the school district and is not an employee of a private company/school, designated agency, institution of higher education or any other third party agency/employee. \*Designee in the case of a charter school with approval letter from Chairperson of the governing board.
- C** The AU understands and will abide by the mandatory school district reporting. <http://www.cde.state.co.us/cdeprof/mandatoryreporting>
- D** The AU understands that **no private email addresses are permitted, only those from a district domain are allowed.**
- E** The school district understands that the access available via this lookup is limited by statute. CDE may possess more information, if more information is needed by the school district, contact the Background Unit at 303.866.6966. You can also visit the following webpage for information: <http://www.cde.state.co.us/cdeprof/educatorlicenserecordsrelease>
- F** The AU agrees not to share their login information with anyone for any reason. Access is granted by CDE on a per user basis. Each AU needs to complete an online application via the eLicensing system. CDE reserves to the right to terminate eLicensing Verification Access at our discretion.
- G** The AU agrees that none of the information that is obtained from within the eLicensing system shall be released to **anyone** and will refer requestors to CDE. CDE is the official records custodian and such records are confidential and may not be subject to CORA. Subsequent arrest reports should not be released to any unauthorized person or user.
- H** The district understands that the SDO, LC and or the AU must have their own eLicensing account and apply individually for any access. Accounts/logins cannot be shared. CDE may deny and/or revoke this access to any SRO, LC or AU for any violation of this agreement or violation of statute.
- I** The AU understands that this access expires annually on the AU's Birthday and that a new form and application must be completed to renew.

Initial Each AU  
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By signing, I am requesting access to view records in CDE's eLicensing system, I also agree to enter into this agreement with CDE and agree to and understand the above.	AU Signature* <i>X</i>	Date*	The date should not be older than 60 days from the date in which the LC applies for eLicensing Verification Access. Otherwise, please execute a new form.
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**Licensing Coordinator**

\* Required Field

Last Name*	First Name*	Title*
Email Address*		Contact Phone*

**Activation Request**

This activation request is a\*:  New Request  Change to an Existing User  Please grant the above AU access to\*:  Access to eLicensing  Subsequent Arrest Report Query

As this School District's Licensing Coordinator with CDE, I do hereby request that the above AU be granted access to the eLicensing system for official use only. Furthermore, I understand that if the AU leaves employment or if access is otherwise no longer required that I will notify CDE immediately.	Signature* <i>X</i>	Date*
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**Details**

**"Change to an Existing User"** if you only need to modify an AU's access, complete this form, check the "change" box and then email this change request to [CDElicensingBackgroundUnit@cde.state.co.us](mailto:CDElicensingBackgroundUnit@cde.state.co.us). Please only send change requests via email, new requests must be uploaded into the AU's online application.  
**"Subsequent Arrest Report Query"** is access to the subsequent arrest report query. The query allows a user to search by date subsequent arrest reports that have been received from the CBI in real-time. This query replaces the old email that CDE used to email to districts on Friday afternoons.

More information can be found on our website at <http://www.cde.state.co.us/cdeprof/districthrs>.