

Knoxville CUSD #202 Tech Department
Information Change Form



Personal Information:

First Name: _____ Last Name: _____

Middle Initial: _____

Certification Status Change:

☐ Certified ☐ Provisional ☐ Not Certified IEIN (if certified): _____

Contact Change Information:

Personal Email: _____

Mobile Phone (must receive texts): _____

I agree to use my personal smartphone for two-factor authentication _____

Employment Change Information:

Position/Title: _____

Supervisor's Name: _____

Department: _____

Additional Notes: _____

Employment Start Date: _____

Building: _____

Account Information Change:

Username (first initial, last name - nellcott): _____@bluebullets.org

Temporary Password: _____

_____ The Tech Department will fill in the information below and return to the District Office

Employee Id (assigned by Alma): _____

Information Updated: ☐