
SACRAMENTO COUNTY OFFICE OF EDUCATION
10474 MATHER BLVD, P O BOX 269003
SACRAMENTO, CA 95826-9003
(916) 228-2470 FAX (916) 228-2728

New User Request Form

Please do not email this form

To request a user ID for the InfoServices Web Site, please complete and email this form to SCOE. If you have any questions, please feel free to contact Bill Mullen at 228-2470.

The InfoServices Secure WEB site was created so that Districts can upload to, or download from SCOE, sensitive data that should not be sent via email.

A New User Request Form must be filled out for each person using the site. Once you have your login set up, please log onto the website at <https://infoservices.scoe.net/> and read the instructions linked on the home page about uploading and downloading files.

All information below is required.

District _____

Full Name _____
(Person that will be Uploading and or Downloading for the District)

Phone Number _____

E-Mail Address _____

Department to Upload:

Accounts Payable ____ Payroll ____ DFS ____ Business Services ____ STRS ____
PERS ____ Information Services ____ STRS/PERS Accumulator File ____ Cash Log ____
District Warrant Processing / Payfile ____ Upload Software & Docs ____
STRS / PERS Final Report ____ Other ____

(Please note that an email will be sent to everyone setup in the department when a file is uploaded)

Department to Download:

Accounts Payable ____ Payroll ____ DFS ____ Business Services ____ STRS ____
PERS ____ Information Services ____ STRS/PERS Accumulator File ____ Cash Log ____
District Warrant Processing / Payfile ____ Download Software & Docs ____
STRS / PERS Final Report ____ Other ____

(Please note that an email will be sent to everyone setup in the department when a file is downloaded)

Supervisor Name _____

Supervisor E-Mail _____

Does the Supervisor have an account? _____

Supervisor Signature _____

Login Name – This will be the users first initial last name, all lower case. Is someone else has that login name you will be notified.

Desired Password** _____

** (must be between five and eight characters, must be a combination of numbers and letters)

RETURN FORM TO:

Bill Mullen
Information Systems Technician
(916) 228-2470
bmullen@scoe.net