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SACRAMENTO COUNTY OFFICE OF EDUCATION  
10474 MATHER BLVD, P O BOX 269003  
SACRAMENTO, CA 95827  
(916) 228-2343 FAX (916)228-2728

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New User Request Form

To request a sign on to the QSS System, please complete this form and return it to SCOE. If you have any questions, please feel free to contact me.

District: Natomas Unified School District

Full Name \_\_\_\_\_

Desired Password\*\* \_\_\_\_\_  
**\*\**(must be exactly eight characters, must start with a letter and must contain one (1) number and may not contain any special characters)***

Site Name and Number \_\_\_\_\_

Requested Menu Items \_\_\_\_\_  
(Provide detailed list of menu options. If user should have same access as an existing user, please indicate user name)

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**RETURN FORM TO:**

May Saechao  
Financial Services  
Accounting and Budget Analyst  
Phone (916) 567-5485  
Email: [msaechao@natomasunified.org](mailto:msaechao@natomasunified.org)  
CC: [Vina Guzman, vguzman@natomasunified.com](mailto:Vina.Guzman@natomasunified.com)