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

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
CC: Mehdi Tazi, mtazi@natomasunified.org