Defensive Driving Application
User Access Request Form

Request Type: ◯ **Create** ◯ **Modify** ◯ **Delete**

Create By: _____ **Modify By:** _____ **Delete By:** _____

School Code: _____

Employee Name:		**Site Address:**	
Employee Phone:		**City:**	
Employee Email:		**State/Zip code:**	Arizona
Principal Name:		**Principal Phone:**	

Employee Status: ◯ **Full-Time** ◯ **Temporary**

End Date (If needed):

Employee Application Access level:

☐ **Eligibility Check** ☐ **Batch Upload**

Principal Digital Signature: _____

If you do not have a digital signature, you will need to create one. Click Help for instructions.

***Not approved unless signed*.**

Submit **Help!** **Reset** **Print Form**

Contact Us:

AOC Support Services

(602) 452-3519 / (800) 720-7743

Fax: (602) 307-1211

Help@courts.az.gov