



# ARIZONA DEPARTMENT OF EDUCATION

## AzEDS Calendar Access Request Form

All requests for calendar revisions after August 31 should be emailed to the [SFAlystTeam@azed.gov](mailto:SFAlystTeam@azed.gov) by an authorized person such as an Entity Administrator, Business Manager or Superintendent. Once received, the team will review your request and will open a window for you to submit changes to the AzEDS Calendar application via your Student Information System (SIS).

District or Charter District Name:

District Entity ID

### Choose Option A or B for Calendar Revision(s):

**Option A:** Requesting access to revise ALL calendars with the SAME date change. This option will allow your SIS to submit an Event Descriptor change for ALL calendars within your district.

Date change for all calendars:      Reason for change:

**Option B:** Requesting access to revise INDIVIDUAL calendar(s).

This option will allow your SIS to submit an Event Descriptor change for specified calendars within your district.

Site Entity ID                      Calendar Code                      Explanation of change: *(Select option or type your reason)*

Authorized Signer

Date

Job Title

Phone Number

By checking this box, we verify that this calendar meets the minimum instructional time requirements as defined in A.R.S. § 15-901.

RESET FORM

PRINT FORM

\*You will need to print, scan and save as an attachment to email to [SFAlystTeam@azed.gov](mailto:SFAlystTeam@azed.gov).