

Access Request for Dual Credits

Ministry of Education
September 2025

Access Request for Dual Credits

The information collected in this form is necessary for the administration of secure access to the Enhanced Data Collection Solution (EDCS) system used for the Dual Credit program.

INSTRUCTIONS FOR COMPLETING FORM

PURPOSE OF THIS FORM:

This form should be used to make a request for a user account to have secure access to I+IT Cluster applications. These applications are subject to appropriate security measures due to the personal and confidential information they contain.

The form should also be used to request changes to access for existing users (including the removal of their access).

INSTRUCTIONS FOR COMPLETING SECTION 1:

The user must complete and sign Section 1. Illegibility or incompleteness may delay the processing of this form. The user responsibilities related to accessing the application are spelled out in Section 1. The information contained in these I+IT cluster applications is strictly confidential and must not be disclosed to unauthorized individuals at any time, for any purpose whatsoever.

INSTRUCTIONS FOR COMPLETING SECTION 2:

Section 2 is to be completed and signed by the appropriate Authorizer for the Organization – Chair or Coordinator of the Regional Planning Team.

SUBMITTING THIS FORM:

Once the user has completed and signed Section 1, and the Authority has completed and signed Section 2, the original form must be forwarded to the ministry contact.

SECTION 1: To be completed by the applicant.

If you do not already have a GoSecure account, please register for one via the following the url - answer all relevant questions and register with the e-mail address that you provided in the "Applicant Information" below - <https://edcs.tcu.gov.on.ca/Main/>

Preferred Language:

☐ English

☐ French

APPLICANT INFORMATION:	
First Name	Last Name
Email Address	Regional Planning Team # (Ex.: RPT 5)
User's Acknowledgment By signing below the user agrees to the following: • I will notify the ministry by using this form, if any information provided on this form changes. • I will only access information that I am authorized to use by my role under relevant application(s). I am responsible for, and will maintain the strictest confidentiality of, all such information. • I will not access I+IT Cluster application(s) through public access terminals including but not limited to terminals at public libraries, Internet Cafés, etc."	
Please Type Signature or Initials: 	Date

IMPORTANT: Following the processing of this form, the user will receive an e-mail from the ministry system administrator advising them that their access request has been fulfilled.

SECTION 2: To be completed by the appropriate authorizer of the application.

☐ **New Access**

☐ **Change Access**

☐ **Delete Access**

For a **New Access** or **Change Access** request, please provide the required access level (select one only):

☐ **RPT User (Read only)**

☐ **RPT Coordinator (add, update, & delete)**

☐ **RPT Administrator (add, update, delete, & sign-off)**

APPROVED BY:	
Name	Position (Chair or Coordinator) and RPT # (Ex.: RPT 4)
E-mail Address	
<u>Authorizer's Acknowledgment</u> By signing below, I am authorizing the user named in Section 1 to have the access and role(s) specified above. I also agree to follow the procedure to revoke these privileges when the user is no longer authorized to have this access.	
Please Type Signature or Initials: 	Date