

MSIS RECORD CHANGE DOCUMENTATION FOR STATE AUDITOR

School District Name: _____

District Number: _____

School Name: _____

School Number: _____

Type of Record Change: MSIS

(1) Personnel

(2) Student (MSIS ID Required)

Submission Date: _____

Request Change:

Reason for Change:

***Submission of this document certifies that you have contacted the affected Districts to make the changes in their local school administration package (SAP), if applicable. If changes have not been made in SAP, please explain below. ***

Explain (If applicable):

Superintendent Signature: _____

(Please sign in blue ink)

Primary Contact Signature: _____

(Please sign in blue ink)

Requestor Signature: _____

and email address _____

(Please sign in blue ink)

Send to: Mississippi Department of Education / Office of Technology and Strategic Services - OTSS
P.O. Box 771, Jackson, MS 39205 or Fax: (601) 359-2027

MIS OFFICE USE ONLY:

Approved By: _____

Date: _____

Copy sent to affected

Program Office(s): _____

Corrected in MSIS by: _____ Date _____