

**MISSISSIPPI STUDENT INFORMATION SYSTEM
 School District Level/School Level
 User Security Profile
 (Form MSIS-2: submit one form for each MSIS user)**

(Please print or type information.)

School District Name: _____ **District Number:** _____

School Name: _____ **School Number:** _____

Type of User Request (Check one):
 ___New ___ Modify ___Delete

Requested Effective Date: _____

Name: _____

Title: _____ **SSN:** _____

Phone: _____ **E-Mail Address:** _____

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Based on the access role definitions, check the level(s) of use required for this user:

District Level	School Level	General
<input type="checkbox"/> (1) Personnel	<input type="checkbox"/> (1) Personnel	<input type="checkbox"/> (1) General User
<input type="checkbox"/> (2) Special Education	<input type="checkbox"/> (2) Student Administrator	<input type="checkbox"/> (2) Grade Assignment
<input type="checkbox"/> (3) Student Administrator		<input type="checkbox"/> (3) Teacher Support Team
<input type="checkbox"/> (4) Vocational		<input type="checkbox"/> (4) View Student Data
<input type="checkbox"/> (5) Primary Contact		
<input type="checkbox"/> (6) Superintendent		
<input type="checkbox"/> (7) Federal Programs		

Signature of authorized Primary MSIS district contact Date
 (This must be an original signature in blue ink)

FOR SPECIAL PROGRAMS USE ONLY (Mississippi Department of Education):

(1) Food Service (2) Business Manager

Signature of Mississippi Department of Education authorized program personnel Date
 (This must be an original signature in blue ink)

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Send completed form to: Security Administrator
 Mississippi Department Of Education
 Management Information Systems
 P.O. Box 771
 Jackson, Ms 39205

FAX: (601) 359-2027
PHONE: (601) 359-3487

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MIS OFFICE USE ONLY:

Approved By: _____ **Date:** _____