

**OATH OF CONFIDENTIALITY AND
NON-DISCLOSURE OF RELEASED INFORMATION
(MUST be completed by ALL Users)**

I understand that data maintained by the systems listed below in the **Application Section**, hereinafter referred to as **MDE Systems**, is sensitive and confidential. **I acknowledge the access to and release of information from MDE Systems is governed by the Family Educational Rights and Privacy Act of 1974 and Section 37-15-1, et seq. of the Mississippi Code of 1972, Annotated, as amended.** I further acknowledge that this data may only be accessed and used for legitimate educational interests **and is sensitive, confidential, and not subject to disclosure.**

I agree that I shall not release MDE Systems data unless authorized to do so according to applicable laws, rules and regulations, neither shall I access and use the information contained therein except for legitimate educational interests.

I acknowledge that I fully understand that the release by me of this information to any unauthorized person could subject me to disciplinary action including termination and/or criminal and civil penalties imposed by law.

Application Section:

Mississippi Student Information System (MSIS)

Mississippi Alternate Assessment of Extended Curriculum Framework (MAAECF)

SIGNATURE:

(Please sign in blue ink)

PRINTED NAME:

(Please print in blue ink)

TITLE:

DISTRICT/SCHOOL:

DATE:

**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.)

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

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

Type of User Request (Check one):
 ___ New ___ Modify ___ Delete

Requested Effective Date: _____

Legal Name: _____

Title: _____ **SSN (last 4-digits):** _____

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

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

| District Level Users - ONLY | School Level Users - ONLY | 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) Career Technical Education | | <input type="checkbox"/> (4) View Student Data |
| <input type="checkbox"/> (5) Superintendent | | |
| <input type="checkbox"/> (6) Federal Programs | | |
| <input type="checkbox"/> (7) Food Service | | |
| <input type="checkbox"/> (8) Business Manager | | |

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

MIS OFFICE USE ONLY:

Approved By: _____ **Date:** _____