

**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 (appropriate documentation required):

***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: mdeapps@mde.k12.ms.us

OTSS OFFICE USE ONLY:

Approved By: _____ Date: _____

Copy sent to affected Program Office(s): _____

Corrected in MSIS by: _____ Date: _____