

**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)

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MIS OFFICE USE ONLY:

Approved By: _____ **Date:** _____

**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:
