

**MISSISSIPPI STUDENT INFORMATION SYSTEM
SCHOOL DISTRICT MSIS CONTACT MAINTENANCE FORM
(FORM MSIS-1: SUBMIT ONE FORM PER SCHOOL DISTRICT)**

(PLEASE PRINT OR TYPE INFORMATION)

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

Address: _____

City/State/Zip _____

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

Superintendent's Name: _____

Superintendent's Signature: _____ **Date:** _____

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Primary MSIS District Contact: _____ **(Circle One)**
New Request Change

Name: _____

Title: _____ **SSN:** _____

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

Authorized Signature: _____ **Date:** _____
(This must be an original Primary Contact Person signature in blue ink)

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Secondary MSIS District Contact: _____ **(Circle One)**
New Request Change

Name: _____ **Title:** _____

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

Authorized Signature: _____ **Date:** _____
(This must be an original Secondary Contact Person 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:** _____