

**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:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**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 Only - Student Data |
| <input type="checkbox"/> (5) Primary Contact           |  |   |
| <input type="checkbox"/> (6) Non-Public Schools - ONLY |  |   |

\_\_\_\_\_  
**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  (3) School Attendance Officer

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

**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

**MIS OFFICE USE ONLY:**

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_