

**MSIS RECORD CHANGE DOCUMENTATION
FOR STATE AUDITOR**

School District Name: _____ District Number: _____

School Name: _____ School Number: _____

Type of Record Change (Check one):

(1) Personnel

(2) Student (MSIS ID Required)

Submission Date: _____

Request Change:

Reason for Change:

***Submission of this document certifies that all requested changes have been made in the District's 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: Mississippi Department Of Education / Management Information Systems - MSIS
P.O. Box 771, Jackson, MS 39205 Or Fax: (601) 359-2027

MIS OFFICE USE ONLY:

Date:

Approved By: _____

Copy sent to affected Program Office(s): _____

Corrected in MSIS by : _____ Date _____