

**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:** _____

(This must be an original Superintendent signature in blue ink)

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

Name: _____

Title: _____ **SSN (last 4-digits):** _____

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

Authorized Signature: _____ **Date:** _____

(This must be an original new Primary Contact Person signature in blue ink)

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

Name: _____

Title: _____ **SSN (last 4-digits):** _____

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

Authorized Signature: _____ **Date:** _____

(This must be an original new Secondary Contact Person signature in blue ink)

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Send Completed Form To: mdeapps@mdek12.org

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OTSS Office Use Only:

Approved By: _____ **Date:** _____