

**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:** [mdeapps@mde.k12.ms.us](mailto:mdeapps@mde.k12.ms.us)

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**OTSS Office Use Only:**  
**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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