MISSISSIPPI STUDENT INFORMATION SYSTEM
Non-Public School District Level
User Security Profile
(Form MSIS-2A: 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:

Name:

Title: **SSN:**

Phone: **E-Mail Address:**

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Based on the access role definitions, check the level(s) of use required for this user:

District Level	**General**
X Non-Public Schools - **ONLY**	**X** General User

_____

Signature of authorized Primary MSIS district contact   Date
(This must be an original signature in blue ink)

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Send completed form to: mdeapps@mde.k12.ms.us

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MIS OFFICE USE ONLY:

Approved By: **Date:**