**MISSISSIPPI STUDENT INFORMATION SYSTEM**
**MDE User Security Profile**
**(Form MSIS-4: submit one form for each MSIS user.)**

(Please print or type information.)

**Office Name:** _____

**Division Name:** _____  **Suite/Room No:** _____

**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:**

## MDE Level

| | | |
|---|---|---|
| ☐ (1) General User | ☐ (9) Min. Adequate Ed (MAEP) | ☐ (17) Food Service |
| ☐ (2) MDE Personnel | ☐ (10) SPED Management | ☐ (18) School Attendance Officer |
| ☐ (3) Stat View/Reports | ☐ (11) SPED Min. Program | ☐ (19) State Auditor |
| ☐ (4) Accreditation | ☐ (12) SPED Student – View/Reports | ☐ (20) MDE Student |
| ☐ (5) FETS | ☐ (13) VOCED Education | ☐ (21) Federal Programs |
| ☐ (6) FETS Help Desk | ☐ (14) VOCED Spec Pops | ☐ (22) MDE Braille Textbooks |
| ☐ (7) FETS View/Reports | ☐ (15) VOCED Min. Program | |
| ☐ (8) Gifted MAEP | ☐ (16) VOCED Help Desk | |

_____  **Date**
**Signature of Bureau Director**
**(This must be an original signature in blue ink)**

_____  **Date**
**Signature of Superintendent Management Team**
**(This must be an original signature in blue ink)**

================================================================
**Send completed form to:**     **mdeapps@mdek12.org**

================================================================
**MIS OFFICE USE ONLY:**

**Approved By:** _____  **Date:** _____

Revised 06/2018