MISSISSIPPI
**DEPARTMENT OF**
**EDUCATION**
*Ensuring a bright future for every child*

# EDUCATOR LICENSE MANAGEMENT SYSTEM (ELMS)
# LOCAL DISTRICT PORTAL ACCESS SECURITY FORM

This form shall be completed by the Local Superintendent of Education to be granted access to the Mississippi Department of Education (MDE) Educator License Management System (ELMS) local district portal for the purpose of completing local district requested applications and to be granted privileges to create, edit, and manage the accounts of other authorized users representing the school district. **IMPORTANT: If this form is being completed due to a change in the Local Superintendent of Education, a copy of the Local Board minutes confirming the date of action and the effective date of appointment shall be submitted with this form.** Please email the completed form and required additional documents to teachersupport@mdek12.org

**PLEASE COMPLETE ALL FIELDS LEGIBLY**

**Please Check One**:          ☐ Request to Add New Account          ☐ Request to Remove Old Account

_____          _____
District Number                                                                District Name

_____          _____
District Telephone Number                                      Previous Superintendent Name (if applicable)

_____          _____          _____
First Name of New Superintendent                 Last Name of New Superintendent          Superintendent Appointment
                                                                                                                                    Effective Date

_____          _____
Superintendents Email Address                                          Current ELMS username (if applicable)

I understand that the data maintained by the Mississippi Department of Education (MDE) system is sensitive and confidential. Access to data and the release of data is governed by the Family Educational Rights and Privacy Act of 1974 and Miss. Code Ann. §§ 25-61-5, 25-61-11 and 73-52-1. I agree that I shall not release data unless authorized to do so according to applicable laws, rules, and regulations, nor shall I access or use the information contained therein except for legitimate educational interests. I further agree that I will not allow anyone to login under my login and password and I will logout of the system when I am not at my desk.

**I acknowledge that I fully understand that the release by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law.**

_____          _____
**SUPERINTENDENT'S SIGNATURE**                                **DATE**
**(This must be an original signature)**

*MDE Office Use Only*
Date Received: _____  Date Account Updated: _____  Updated By: _____

## EDUCATOR LICENSE MANAGEMENT SYSTEM (ELMS)
## LOCAL DISTRICT PORTAL ACCESS SECURITY FORM

This form must be completed by the Designee and signed by both the Designee and the Superintendent to be granted access to the Mississippi Department of Education Educator License Management System (ELMS) as superintendent for the purpose of accessing the state applications and to be granted privileges to create, edit, and manage the accounts of other users in their school district. Please email the completed form and board minutes to teachersupport@mdek12.org

## PLEASE COMPLETE ALL FIELDS LEGIBLY

**Please Check One**:          ☐Request to Add New Account          ☐Request to Remove Old Account

_____          _____
District Number                                                    District Name

_____          _____
District Telephone Number                                    Superintendent Name

_____          _____
Designee Full Name                                                Designee Appointment Date

_____          _____
Designee Email Address                                        Current ELMS username (if applicable)

I understand that the data maintained by the Mississippi Department of Education (MDE) system is sensitive and confidential. Access to data and the release of data is governed by the Family Educational Rights and Privacy Act of 1974 and Miss. Code Ann. §§ 25-61-5, 25-61-11 and 73-52-1. I agree that I shall not release data unless authorized to do so according to applicable laws, rules, and regulations, nor shall I access or use the information contained therein except for legitimate educational interests. I further agree that I will not allow anyone to login under my login and password and I will logout of the system when I am not at my desk.

**I acknowledge that I fully understand that the release by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law.**

_____          _____
**DESIGNEE'S SIGNATURE**                              **DATE**
**(This must be an original signature)**

_____          _____
**SUPERINTENDENT'S SIGNATURE**                       **DATE**
**(This must be an original signature)**

*MDE Office Use Only*
Date Received: _____ Date Account Updated: _____ Updated By: _____