

**EDUCATOR LICENSURE MANAGEMENT SYSTEM (ELMS)**  
**PORTAL ACCESS SECURITY FORM**

This form shall be completed by the Local Superintendent of Education or Dean/Director of an Educator Preparation Provider (EPP) and, if applicable, his/her designee to be granted access to the Mississippi Department of Education (MDE) Educator Licensure Management System (ELMS) user portal for the purpose of completing online licensure requests and to be granted privileges to create, edit, and manage the accounts of other authorized users representing the school district or institution. **IMPORTANT: If this form is being completed due to a change in the Local Superintendent or Dean/Director of Education, a copy of the Local Board minutes or contract 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](mailto:teachersupport@mdek12.org) and include "ELMS Security Form" in the subject line.

**PLEASE COMPLETE ALL FIELDS LEGIBLY**

**SUPERINTENDENT OR EPP DEAN/DIRECTOR ACCESS:**

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

\_\_\_\_\_  
District Number  
(if applicable)

\_\_\_\_\_  
Name of District or Institution

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Previous Superintendent or Dean/Director  
(if applicable)

\_\_\_\_\_  
First Name of New Superintendent  
or Dean/Director

\_\_\_\_\_  
Last Name of New Superintendent  
or Dean/Director

\_\_\_\_\_  
Appointment Effective Date

\_\_\_\_\_  
Email Address of Superintendent or Dean/Director

\_\_\_\_\_  
Current ELMS username (if applicable)

**DESIGNEE ACCESS:**

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

\_\_\_\_\_  
New Designee's Full Name

\_\_\_\_\_  
Designee's Appointment Date

\_\_\_\_\_  
New Designee's Email Address

\_\_\_\_\_  
Current ELMS Username of New Designee

\_\_\_\_\_  
Previous Designee's Full Name (if applicable)

**Please complete and include Page two (2).**

**EDUCATOR LICENSURE MANAGEMENT SYSTEM (ELMS)**  
**LOCAL DISTRICT PORTAL ACCESS SECURITY FORM**

\_\_\_\_\_  
District Number  
(if applicable)

\_\_\_\_\_  
Name of District or Institution

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.**

\_\_\_\_\_  
**SIGNATURE OF SUPERINTENDENT  
OR DEAN/DIRECTOR**  
(This must be an original signature)

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DESIGNEE'S SIGNATURE (if applicable)**  
(This must be an original signature)

\_\_\_\_\_  
**DATE**

*MDE Office Use Only*

Date Received: \_\_\_\_\_ Date Account Updated: \_\_\_\_\_ Updated By: \_\_\_\_\_