

MSIS Record Change Documentation Form

This appendix contains the MSIS Record Change Documentation For State Auditor form. If the SSN was incorrect, the MSIS Personnel Coordinator should requests that the SSN be change on this form. This documentation can be faxed by the original must be mail to the address on the form.

**MSIS RECORD CHANGE DOCUMENTATION
FOR STATE AUDITOR**

School District Name: _____

District Number: _____

School Name: _____

School Number: _____

Type of Record Change (Check one):

(1) Personnel

(2) Student **(MSIS ID Required)**

Submission Date: _____

Request Change:

Reason for Change:

***Submission of this document certifies that all requested changes have been made in the District's local school administration package (SAP), if applicable. If changes have not been made in SAP, please explain below. ***

Explain (If applicable):

Superintendent Signature:

(Please sign in blue ink)

Primary Contact Signature:

(Please sign in blue ink)

Requestor Signature:

and email address

(Please sign in blue ink)

Send to: Mississippi Department Of Education / Office of Technology and Strategic Services – MSIS
P.O. Box 771, Jackson, Ms 39205, Or Fax: (601) 359-2027

OTSS OFFICE USE ONLY:

Approved By:

Date:

Copy sent to affected Program

Office(s):

Corrected in MSIS by:

Date:
