MISSISSIPPI STUDENT INFORMATION SYSTEM
School District Level/School Level
User Security Profile
(Form MSIS-2: submit one form for each MSIS user)

(Please print or type information.)

District Name: **District Number:**

School Name: **School Number:**

Type of User Request (Check one):
___New ___ Modify ___Delete

Requested
Effective Date:

Legal Name:

Title: **SSN (last 4-digits):**

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 Users - ONLY	School Level Users - ONLY	General
☐ (1) Personnel	☐ (1) Personnel	☐ (1) General User
☐ (2) Special Education	☐ (2) Student Administrator	☐ (2) Grade Assignment
☐ (3) Student Administrator		☐ (3) Teacher Support Team
☐ (4) Career Technical Education		☐ (4) View Student Data
☐ (5) Superintendent		
☐ (6) Federal Programs		
☐ (7) Food Service		
☐ (8) Business Manager		

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

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MIS OFFICE USE ONLY:

Approved By: **Date:**

Revised 06/2018