

**MISSISSIPPI STUDENT INFORMATION SYSTEM
Juvenile Detention Center User Security Profile
(Form MSIS-5: submit one form for each MSIS user.)**

(Please print or type information.)

Detention Center Name: _____ **Requested Effective Date:** _____

Type of User Request (Check one):
___ New ___ Modify ___ Delete

Employee Name: _____

Title: _____ **SSN:** _____

Phone: _____ **E-Mail Address:** _____

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Based on the access role definitions, check the level(s) of use required for this user:

MDE Level

(1) Detention Center

Signature of Detention Center Employee _____ Date
(This must be an original signature in blue ink)

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

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

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Send completed form to: Mississippi Department Of Education
Compulsory School Attendance Enforcement,
Ms. Toni Kersh, Bureau Director
E-MAIL: mdeapps@mde.k12.ms.us P.O. Box 771
PHONE: (601) 359-3178 Jackson, Ms 39205
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OTSS OFFICE USE ONLY:

Approved By: _____ **Date:** _____
