MSIS RECORD CHANGE DOCUMENTATION
FOR STATE AUDITOR

Program Office Name: ____________________________________________

Office Suite: ____________________________________________________

Type of Record Change: MSIS

Student (MSIS ID Required) ________________________________________

Submission Date: _______________________________________________

Request Change:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Reason for Change:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

*Submission of this document certifies that you have contacted the affected Districts to
make the changes in their local school administration package (SAP), if applicable. If
changes have not been made in SAP, please explain below. *

Explain (If applicable):

_________________________________________________________________

_________________________________________________________________

Signature of Superintendent
Management Team: _______________________________________________

(Please sign in blue ink)

Signature of Bureau Director: _______________________________________

(Please sign in blue ink)

Requestor Signature: _____________________________________________

and email address

(Please sign in blue ink)

Send to: Office of Technology and Strategic Services – OTSS Suite # 118

MIS OFFICE USE ONLY:
Approved By: ____________________________________________ Date:

Copy sent to affected Program Office(s):

Corrected in MSIS by: ____________________________ Date _________