



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF LEARNING SERVICES - OFFICE OF DATA SYSTEM MANAGEMENT

WEB SYSTEMS USER ID / USER MANAGER REQUEST

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| SCHOOL DISTRICT NAME | COUNTY-DISTRICT CODE |
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INSTRUCTIONS

Only the Department of Elementary and Secondary Education (Department) can establish a district User Manager. Provide the school district name and county-district code number, the first and last name, date of birth, mother's maiden name, and email address for the staff member(s) being added to or removed from the district's User Manager (UM) list. This information is necessary to process the application, and to verify the individual's identity if problems arise.

This form must be submitted to the Department for processing. Fax or email this form (with the appropriate signatures) to (573) 526-4125 or webappsloginassistance@dese.mo.gov. The district may wish to keep copies of these forms for their records.

Questions: Contact Office of Data System Management at (573) 522-3207 or email dsm@dese.mo.gov.

INFORMATION FOR INDIVIDUAL BEING ADDED OR CHANGED

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| FIRST NAME | LAST NAME | DATE OF BIRTH | MOTHER'S MAIDEN NAME | USER ID (IF KNOWN) |
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| EMAIL ADDRESS | PHONE NUMBER | CHECK ONE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE |
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| FIRST NAME | LAST NAME | DATE OF BIRTH | MOTHER'S MAIDEN NAME | USER ID (IF KNOWN) |
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| EMAIL ADDRESS | PHONE NUMBER | CHECK ONE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE |
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| FIRST NAME | LAST NAME | DATE OF BIRTH | MOTHER'S MAIDEN NAME | USER ID (IF KNOWN) |
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| EMAIL ADDRESS | PHONE NUMBER | CHECK ONE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE |
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| FIRST NAME | LAST NAME | DATE OF BIRTH | MOTHER'S MAIDEN NAME | USER ID (IF KNOWN) |
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| EMAIL ADDRESS | PHONE NUMBER | CHECK ONE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE |
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ASSURANCES

The superintendent/authorized representative assures the Department that through the administration of the User Manager System the educational entity shall:

1. Monitor User IDs provided, as they will serve as the electronic signatures of the appropriate staff for all documents requiring signatures;
2. Keep such records and provide such information as may be necessary for the fiscal program auditing and for program evaluation, provide the Department any information it may need to carry out its responsibilities under the programs; and
3. Adhere to the requirements of the applicable state and federal statutes and regulations, the state rules governing the programs, and all other applicable statutes.

The superintendent/authorized representative understands the assurances and the responsibility for compliance place upon the individual receiving a User ID and password through the User Manager System.

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| SIGNATURE OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE | DISTRICT PIN CODE (required) | DATE |
| PRINTED NAME OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE | PHONE NUMBER OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE | |
| EMAIL ADDRESS OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE | | |

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.