



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

WEB SYSTEMS USER ID REQUEST – NONPUBLIC

LOCAL EDUCATION AGENCY (LEA) NAME	COUNTY-DISTRICT CODE
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INSTRUCTIONS

Provide the LEA name and county-district code number, the first and last name, date of birth, mother's maiden name, and email address for the individual being given access to the LEA Web Applications. This information is necessary to process the application, and to verify the individual's identity if problems arise.

Roles: On the line to the left of the program, place a **1, 2, or 3** or =View Only (check box to the left of the program where indicated) to indicate the level of access to establish for the individual named below; **1 = View Only, 2 = Data Entry (cannot submit), 3 = Authorized Representative (allows you to view, enter data, and submit/approve data)**. By placing a check mark in items that require levels of access, you will be given 1 = View Only Access or lowest option available.

FAX: Submit the completed form by faxing to (573) 526-4125 or emailing this form (with the appropriate signatures) to webappsloginassistance@dese.mo.gov.

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

CONFIDENTIALITY AGREEMENT: Employees of local school districts or the Department that have access to confidential data are required to maintain the information in a confidential manner. The unauthorized access to, modification, deletion, or disclosure of information may compromise the integrity of the system, violate individual student rights of privacy, and/or constitute a criminal act and subject the employer to a loss of federal funds.

Unauthorized viewing, reproduction/copying, and/or distribution of any confidential information outside the intended and approved use is strictly prohibited. Users violating the authorized use will lose access privileges to the system. Illegal access or misuse of this information may also be punishable by fine and/or imprisonment.

Acknowledge by signature, that a signed physical record is maintained documenting that the user receiving access to confidential information has acknowledged and agreed to adhere to the [Missouri Department of Elementary and Secondary Education's Data Access and Management Policy](#).

INFORMATION FOR INDIVIDUAL BEING ADDED OR CHANGED

USER'S FIRST NAME	USER'S LAST NAME	USER'S DATE OF BIRTH (MM/DD/YEAR)
USER'S MOTHER'S MAIDEN NAME (LAST)	USER'S EMAIL ADDRESS	USER'S PHONE NUMBER
USER'S SIGNATURE	USER ID	

ACCESS LEVEL (Mark 1, 2, or 3 in the box in front of the application.)

*Food & Nutrition Services applications and Educator Certification District/University applications are limited to one Authorized Representative per district/institution.

<input type="checkbox"/> Compliance Plans (Fed & State) Administrator <input checked="" type="checkbox"/> OR	<input type="checkbox"/> Educ. Cert.--Nonpublic Prof. Dev. Reporting*	<input type="checkbox"/> Food & Nutrition Services-Direct Cert.*
<input type="checkbox"/> Compliance Plans (Fed & State) User <input checked="" type="checkbox"/>	<input type="checkbox"/> ePeGS - Missouri Preschool Program	<input type="checkbox"/> Nonpublic Registration
<input type="checkbox"/> Educator Certification District*	<input type="checkbox"/> Food & Nutrition Services-Apps*	<input type="checkbox"/> Tiered Monitoring (Level 2 or 3)
<input type="checkbox"/> Educator Certification University (Col/Univ Only)*	<input type="checkbox"/> Food & Nutrition Services-Claims*	

ASSURANCES AND CERTIFICATION

The superintendent/authorized representative accepts the responsibility for the actions requested on this form, and by submitting this form, requests the Department to make those changes.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE	PHONE NUMBER	DATE
PRINTED NAME OF SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE	EMAIL ADDRESS	