



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

WEB SYSTEMS USER ID REQUEST – NONPUBLIC

LOCAL EDUCATIONAL AGENCY (LEA) NAME	COUNTY-DISTRICT CODE
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INSTRUCTIONS
For the individual being given access to the LEA Web Applications, provide the LEA name and county-district code, the user's first and last name, date of birth, mother's maiden name, and email address. This information is necessary to process the application and to verify the individual's identity.

Roles: Select a 1, 2, or 3 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). The district PIN code is required if granting access to Personally Identifiable Information (PII).

This form must be submitted to DESE for processing. Fax or email this form (with the appropriate signatures) to 573-526-4125 or webappsloginassistance@dese.mo.gov.

QUESTIONS: Contact Office of Data System Management at 573-522-3207 or email dsm@dese.mo.gov. By providing a security PIN code you have enabled the ability to grant access to confidential information including individual student information contained in the DESE's data systems. These data are protected by state and federal laws and must be maintained in a confidential manner at all times.

CONFIDENTIALITY AGREEMENT: Employees of local school districts or DESE 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	

GRANTING ACCESS LEVEL (Mark 1, 2, or 3 on the line in front of the application.)
*Food & Nutrition Services applications and Educator Certification District applications are limited to one Authorized Representative per district/institution.

<input type="checkbox"/> Educator Certification District*	<input type="checkbox"/> Food & Nutrition Services-Apps*	<input type="checkbox"/> MOSIS Direct Cert. Match* (PIN required)
<input type="checkbox"/> Educ. Cert.--Nonpublic Prof. Dev. Reporting*	<input type="checkbox"/> Food & Nutrition Services-Claims*	<input type="checkbox"/> Nonpublic Registration
<input type="checkbox"/> ePeGS - Missouri Preschool Program	<input type="checkbox"/> Food & Nutrition Services-Direct Cert.*	<input type="checkbox"/> Tiered Monitoring Food & Nutrition Services

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

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.