



AUTHORIZED REPRESENTATIVE FOR EDUCATOR PREPARATION PROGRAM CHANGE REQUEST

EDUCATOR PREPARATION PROGRAM	INSTITUTION OF HIGH EDUCATION (IHE) CODE
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INSTRUCTIONS

This form is used to add and/or remove an individual's access from the program's Web Applications System. Provide the program's name and code number, the title, the first and last name, date of birth, mother's maiden name, and email address for the individual being added or removed. The form must be submitted to the Department of Elementary and Secondary Education (DESE) for processing; fax or email the form (with the appropriate signatures) to (573) 526-3580 or EQData@dese.mo.gov. Individuals deleted will not be removed from the system completely, but will no longer have access to the district/agency applications and/or secured data. They will still be able to access their personal educator certifications through Educator Certification.

When processed, access for the individual will be added or removed from all Web Applications for the Educator Preparation Program.

Questions: Contact Office of Educator Quality at (573) 751-0371 or email at EQData@dese.mo.gov.

INFORMATION FOR INDIVIDUAL BEING ADDED/DELETED FROM EDUCATOR PREPARATION PROGRAM ACCESS

INDIVIDUAL'S TITLE			
FIRST NAME	LAST NAME	INDIVIDUAL'S BEGIN DATE	INDIVIDUAL'S END DATE
EMAIL ADDRESS		PHONE NUMBER	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE

INDIVIDUAL'S TITLE			
FIRST NAME	LAST NAME	INDIVIDUAL'S BEGIN DATE	INDIVIDUAL'S END DATE
EMAIL ADDRESS		PHONE NUMBER	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE

INDIVIDUAL'S TITLE			
FIRST NAME	LAST NAME	INDIVIDUAL'S BEGIN DATE	INDIVIDUAL'S END DATE
EMAIL ADDRESS		PHONE NUMBER	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE

ASSURANCES

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

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	PHONE NUMBER OF AUTHORIZED REPRESENTATIVE
EMAIL ADDRESS OF 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, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th 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.