



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

WEB SYSTEMS USER ID REQUEST – COMMUNITY - BASED FORM

Agency Name	COUNTY-DISTRICT CODE
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INSTRUCTIONS
For the individual being given access to Web Applications, provide the agency 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 2 or 3 to indicate the level of access to establish for the individual named below; 2 = Data Entry (cannot submit), 3 = Authorized Representative (allows you to view, enter data, and submit/approve data).

Submit this form to Extended Learning Section at exl@dese.mo.gov.

QUESTIONS: Contact Extended Learning Section at 573-522-2627 or email exl@dese.mo.gov.

CONFIDENTIALITY AGREEMENT: Employees of community - based agencies or the Department of Elementary and Secondary Education (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 2 or 3 on the line in front of the application.)

Tiered Monitoring Title IV, Part B: 21st Century Community Learning Centers

ASSURANCES AND CERTIFICATION

The 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 AUTHORIZED REPRESENTATIVE	PHONE NUMBER	DATE
PRINTED NAME OF 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, 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