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

MOSIS and/or WEB SYSTEMS USER ID DELETE REQUEST

SCHOOL DISTRICT/NONPUBLIC/INSTITUTION OF HIGHER EDUCATION (IHE) NAME	COUNTY-DISTRICT CODE OR IHE CODE

INSTRUCTIONS

This form is used to remove an individual's access from the district/agency Missouri Student Information System (MOSIS) and/or the Web Applications System. Provide the district/agency name and code number, the first and last name, date of birth, mother's maiden name, and email address for the individual being removed. When the form must be submitted to the Department of Elementary and Secondary Education (Department) for processing, fax or email the form (with the appropriate signatures) to (573) 526-4125 or dsm@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.

To remove access:

    1. MOSIS access can only be removed by the Department. This process will delete the individual's access to the district/agency MOSIS data.

    2. Individuals with access to the district's Web Applications can have access removed by the district/agency User Manager utilizing the 'Remove User from District' link on the Web Applications page. Access for the individual will be removed from all Web Applications for the district/agency.

    3. If the User Manager is unable to remove an individual's access, then submit this form to the Department as instructed above.

When processed, access for the individual will be removed from all Web Applications for the district/agency.

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

INFORMATION FOR INDIVIDUAL BEING DELETED FROM DISTRICT ACCESS

FIRST NAME	LAST NAME	DATE OF BIRTH	MOTHER'S MAIDEN NAME	USER ID (IF KNOWN)
EMAIL ADDRESS			PHONE NUMBER	☐ **MOSIS** Access ☐ **Web Apps** Access
FIRST NAME	LAST NAME	DATE OF BIRTH	MOTHER'S MAIDEN NAME	USER ID (IF KNOWN)
EMAIL ADDRESS			PHONE NUMBER	☐ **MOSIS** Access ☐ **Web Apps** Access
FIRST NAME	LAST NAME	DATE OF BIRTH	MOTHER'S MAIDEN NAME	USER ID (IF KNOWN)
EMAIL ADDRESS			PHONE NUMBER	☐ **MOSIS** Access ☐ **Web Apps** Access
FIRST NAME	LAST NAME	DATE OF BIRTH	MOTHER'S MAIDEN NAME	USER ID (IF KNOWN)
EMAIL ADDRESS			PHONE NUMBER	☐ **MOSIS** Access ☐ **Web Apps** Access

ASSURANCES

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