



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

WEB SYSTEMS ACCESS REQUEST — NONPUBLIC

EDUCATIONAL ENTITY NAME	CDC CODE
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INSTRUCTIONS

The Department of Elementary and Secondary Education (department) establishes levels of access for department web applications. When submitting an access request, you must provide the following information for application processing and identity verification:

1. Enter the educational entity's name and County-District Code (CDC).
2. Enter the individual's first and last name, date of birth, username (if known), and contact information.
3. Enter the authorized representative's contact information with signature and PIN code, if required, in the Assurances and Certification section. **A PIN code is only required when the level of access requested grants access to Personally Identifiable Information (PII).**
4. Place a checkmark to identify the level of access requested in Section 1: Granting Access; select one: View Only (cannot enter data or submit/approve); Data Entry (cannot submit/approve); Admin (full access).
5. Place a checkmark to identify the access requested in Section 2: Granting Access; only one level of access is available.
6. **Submit this form to the department** by fax or email at 573-526-4125 or dashelp@dese.mo.gov.

Your educational entity may wish to keep copies of this form for their records.

QUESTIONS: Contact the Office of Data System Management at 573-522-3207 or dashelp@dese.mo.gov.

CONFIDENTIALITY AGREEMENT: Data maintained in department web applications are protected by state and federal laws and must be maintained in a confidential manner at all times. By providing a PIN code, you are confirming that the employee receiving access has a legitimate educational interest in the records, and you are authorizing the department to grant the requested level of access to confidential information, including individual student information stored in the department's data systems. Employees who can access confidential data are required to: (1) maintain the information in a confidential manner; and (2) limit their access to records for students for whom there is a legitimate educational purpose.

Unauthorized access to, or 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 are 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.

By signing this document, you acknowledge that a signed physical record is maintained by the department, documenting that the user receiving access to confidential information acknowledges and agrees to adhere to the [Missouri Department of Elementary and Secondary Education's Data Access and Management Policy](#).

USER ACCOUNT INFORMATION

This information is needed to identify and verify the individual's identity and user account.

FIRST NAME	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
USERNAME (IF KNOWN)	EMAIL ADDRESS	PHONE NUMBER

SIGNATURE

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

ASSURANCES AND CERTIFICATION

The superintendent/authorized representative accepts responsibility for the any actions taken by the individual listed on this access request form, and by submitting this form, requests the educational entity or department make those changes.

SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE SIGNATURE	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, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute 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 VII/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.

SECTION 1: GRANTING ACCESS

*One Admin allowed per educational entity for Food & Nutrition Services and Educator Certification web applications.

DESE WEB APPLICATION NAME - INTEREST AREA	VIEW ONLY	DATA ENTRY	FULL ACCESS
Educator Certification - District*			
Food & Nutrition Services - Apps*			
Food & Nutrition Services - Claims*			
Food & Nutrition Services - Direct Cert.*			
Nonpublic Registration			
Tiered Monitoring - Food & Nutrition Services	X		

SECTION 2: GRANTING ACCESS

Educator Certification - Nonpublic Prof. Dev. Reporting*

MOSIS - Direct Cert. Match (*PIN required*)