

MSIS RECORD CHANGE DOCUMENTATION FOR STATE AUDITOR

Program Office Name: _____ **Office Suite:** _____

Type of Record Change: MSIS

Student (MSIS ID Required) _____ **Submission Date:** _____

Request Change:

Reason for Change:

***Submission of this document certifies that you have contacted the affected Districts to make the changes in their local school administration package (SAP), if applicable. If changes have not been made in SAP, please explain below. ***

Explain (If applicable):

Signature of Superintendent
Management Team: _____
(Please sign in blue ink)

Signature of Bureau Director: _____
(Please sign in blue ink)

Requestor Signature: _____
and email address _____
(Please sign in blue ink)

Send to: **Office of Technology and Strategic Services – OTSS Suite # 118**

MIS OFFICE USE ONLY:

Approved By: _____ **Date:** _____

Copy sent to affected Program Office(s): _____

Corrected in MSIS by: _____ Date _____