

# CONTACT MAINTENANCE FORM

LOCAL EDUCATION AGENCY (LEA)



Use this form to add or modify the LEA Superintendent, MSIS Primary, and/or MSIS Secondary Contact Person.  
Submit one form per LEA.

## [PLEASE PRINT OR TYPE INFORMATION]

LEA Name: \_\_\_\_\_ LEA Number \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Superintendent's Name: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This must be an **original** signature in **blue ink**.)*

### MSIS PRIMARY INFORMATION

Primary MSIS Primary Contact:  New Request  Change

Name: \_\_\_\_\_

Title: \_\_\_\_\_ SSN (last 4-digits): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

MSIS Primary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This must be an **original** signature in **blue ink**.)*

### MSIS SECONDARY INFORMATION

Primary MSIS Secondary Contact:  New Request  Change

Name: \_\_\_\_\_

Title: \_\_\_\_\_ SSN (last 4-digits): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

MSIS Secondary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This must be an **original** signature in **blue ink**.)*

Send completed form to: [mdeapps@mdek12.org](mailto:mdeapps@mdek12.org)

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#### OTSS Office Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_