# USER SECURITY PROFILE
## LOCAL EDUCATION AGENCY (LEA)

Use this form to request MSIS access and permissions from your district office.

LEA Name: _____     LEA Number: _____

School Name: _____     School Number: _____

Type of User Request:  ☐ New   ☐ Modify   ☐ Delete     Requested effective date: _____

Legal Name: _____

Title: _____

Phone: _____     Email address: _____

**Please indicate the data domains the user should be able to access and list the corresponding schools for each domain. If additional permissions are necessary, please indicate these in the last column.**

| Data Domain | School(s) | Additional Permission(s) |
|---|---|---|
| ☐ Accountability | | |
| ☐ Accreditation | | |
| ☐ Assessment | | |
| ☐ Child Nutrition | | |
| ☐ CTE | | ☐ Can Certify District |
| ☐ Discipline | | |
| ☐ Federal Programs | | ☐ Can Certify District |
| ☐ Finance | | ☐ Can Certify District |
| ☐ Personnel | | ☐ Can Certify District |
| ☐ Special Education | | ☐ Can Certify District |
| ☐ Student | | ☐ Can Certify District<br>☐ Can Certify Schools<br>☐ MSIS ID Request<br>☐ Student Ownership |

_____     _____
Authorized LEA MSIS Contact Signature *(This must be an **original** signature in **blue** ink.)*     Date