



# USER SECURITY PROFILE

STATE EDUCATION AGENCY (SEA)

Use this form to request state-level MSIS access and permissions from OTSS.

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

Division Name: \_\_\_\_\_ Suite/Room Number: \_\_\_\_\_

Type of User Request:  New  Modify  Delete Requested effective date: \_\_\_\_\_

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### Please indicate the role access required:

Role		
<input type="checkbox"/> Program Office: View only assigned data domain	<input type="checkbox"/> Help Desk: OTSS Staff, View only all data domains	<input type="checkbox"/> School Attendance Officer: Edit Summer Activity Manual Input screen, View only other assigned data domains

### Please Indicate the data domain access required for the user:

Data Domains		
<input type="checkbox"/> Accountability	<input type="checkbox"/> CTE	<input type="checkbox"/> Personnel
<input type="checkbox"/> Accreditation	<input type="checkbox"/> Discipline	<input type="checkbox"/> Special Education
<input type="checkbox"/> Assessment	<input type="checkbox"/> Federal Programs	<input type="checkbox"/> Student
<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Finance	

\_\_\_\_\_  
Bureau Director Signature (This must be an **original** signature in **blue ink**.) Date

\_\_\_\_\_  
Executive Leadership Team Member Signature (This must be an **original** signature in **blue ink**.) Date

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

-----  
**OTSS Office Use Only**

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