User Application for Access to MSIX

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| **STEP 1: Applicant Information**   * The Applicant completes the Applicant Information and signs the form. * The Applicant forwards the form to a Verifying Authority. This should be the Applicant’s direct supervisor or an individual that is above the direct supervisor in an official reporting structure. The Applicant must provide appropriate identification (such as state/district identification badge, passport, driver’s license, etc.) to verify their identity.   **STEP 2: Identification Verification and Attestation**   * The Verifying Authority completes his/her own information, reviews the entire application for completeness and accuracy, confirms the Applicant’s identification, attests to the Applicant’s need of an MSIX account, and confirms the right level of access. * Upon completion, the Verifying Authority returns the form to the Applicant.   **STEP 3: Forward Form to Approving Authority**   * The Applicant locates his/her State/Regional Authority for final approval by going to the MSIX website: <https://msix.ed.gov>. * The Applicant clicks on the link labeled ”Request An Account” to access the contact information for their state. * The Applicant forwards the form to the State/Regional Authority for final approval.   **STEP 4: State/Regional Authority Approval**   * The State/Regional Authority reviews the Applicant and Verifying Authority portions of the application for completeness, completes his/her own information, signs the form, and files it in his/her local records. * The State/Regional Authority creates an MSIX account for the Applicant. * The Applicant receives two emails: one with his/her MSIX User Name and the other with his/her initial Password. |

**Applicant** - Instructions to the Applicant

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| **Applicant Information**   * Complete the applicant information below and sign the form. * Forward the form to a Verifying Authority. This should be your direct supervisor or an individual that is above the direct supervisor in an official reporting structure. Provide appropriate identification information and proof of cyber security training. | | | | | | | | | | | |
| First Name |  | | Last Name | | | |  | | | | |
| Title |  | | Cyber Security Training Date | | | |  | | | | |
| Work Address | *Street* | | *City* | | | | | | *State* | | *Zip* |
| Work Email |  | | | | Work Telephone | | | *XXX-XXX-XXXX*  **−**  **−**  Ext. | | | |
| Region  (if applicable) |  | | | | School District (if applicable) | | |  | | | |
| **Intended Use** | | | | | | | | | | | |
| Purpose  (select one) | Migrant Education Program Participation, School Enrollment, Placement and Secondary Credit Accrual | | | US Dept of ED, OME Grant Management | | | | **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **MSIX Account Information** | | | | | | | | | | | |
| MSIX Role(s) | Primary User  Secondary User  StateRegional Admin | State User Admin  Regional User Admin | | | | State Data Admin  Regional Data Admin  District Data Admin  State Batch Submitter | | | | OME User Admin  Gov. Administrator  MSIX Privacy Act Admin | |
| **Signature** | | | | | | | | | | | |
| I certify that this information is accurate and complete to the best of my knowledge. I will only use MSIX in accordance with the MSIX Rules of Behavior.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

The Privacy Act of 1974 (5 U.S.C. § 552a)**Verifying Authority** - Instructions to the Verifying Authority

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| **Identification Verification and Attestation**   * As the Verifying Authority, you should be the Applicant’s direct supervisor or an individual that is above the direct supervisor in an official reporting structure. * Review the entire application for completeness and accuracy. * Complete the information below, confirm the Applicant’s identification, attest to his/her need of an MSIX account, confirm completion of basic cyber security training, and confirm that the Applicant has the right level of access. * Upon completion, file the form in your local records andreturn this form to the Applicant. | | | |
| Verifying Authority  First Name |  | Verifying Authority  Last Name |  |
| Title |  | | |
| Work Email |  | Work Telephone | *XXX-XXX-XXXX*  **− −** Ext. |
| Organization |  | Applicant Identity Verification Method | State Driver’s License  State / District ID  Passport  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Account Effective Date (optional) |  | Account End Date  (optional) |  |
| **Signature** | | | |
| I certify that: 1) I have verified the identity of the above applicant; 2) I have determined that he or she has a need for MSIX information; 3) I have confirmed that he or she completed basic cyber security training; and 4) the above-mentioned individual is requesting the appropriate MSIX role(s).  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Final Approving Authority** - Instructions to the Final Approving Authority

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| **State/Regional Authority Approval**   * Review the Applicant and Verifying Authority portions of the application for completeness. * Complete the information below, sign, and file the form in your local records. * Create an MSIX account for the Applicant. | | | | | | | |
| Approving Authority  First Name | Doug | Approving Authority  Last Name | | Boline | | | |
| Title | State Director Migrant Education Program | | | Role | Regional User Administrator  State User Administrator | | |
| Work Address | *Street*  900 SW Jackson St. | *City*  *Topeka* | | | | *State*  *KS* | *Zip*  *66612* |
| Work Email | dboline@ksde.org | | Work Telephone | | *XXX-XXX-XXXX*  **785 - 296 - 2600** Ext. | | |
| **Signature** | | | | | | | |
| I certify that this information is accurate and complete to the best of my knowledge and I hereby grant to the above-mentioned individual the MSIX role for which they have applied.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

The Privacy Act of 1974 (5 U.S.C. § 552a)