Complete Application

The form is a guideline created to help states with the user registration process. If this form is used, it must be completed in its entirety. The form below displays all of the fields to be completed by the applicant:

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.

First Name		Last Name	
Title			

Work Address	Street	City		State	Zip

Work Email			Work Telephone	xxx-xxx-xxxx Ext.

Region (if applicable)		School District (if applicable)	

MSIX Account Information

MSIX Role(s)	MSIX Primary User MSIX Secondary User	Regional User Administrator C] State User Administrator	District Data Administrator Regional Data Administrator State Data Administrator	State Region Administrator

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:

Application Information

First Name and Last Name — the legal name of the individual requesting access to MSIX

Title — the applicant's job title or description such as Teacher, Guidance Counselor, or Student Registrar

Work Address — the street, city, state and zip code of applicant's workplace

Work Email — the applicant's workplace email address

Work Telephone — the applicant's workplace telephone number

The address, email, and telephone number provided on the application may be used to contact the applicant about MSIX matters.

Verifying Authority Process Verify Applicant Identity and User Role

When approving an application, the Verifying Authority should verify the user's identity (e.g., reviewing their State/District issued ID badge, driver's license, passport, etc.). As approver of system access, the Verifying Authority is responsible for verifying the

Applicant's identity. The person responsible for approving access for an identified resource can be held accountable for the actions of that user. The Verifying Authority must review each field of the application for accuracy and completeness. The Verifying Authority will also verify that the Applicant's MSIX role is appropriate for their job.

Complete Verifying Authority Portion of Application

Upon successful verification of identity, the Verifying Authority will complete the Identification and Attestation portion on the second page of the application. Upon completion, they should retain a copy of the application for their local records.

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, and confirm that the Applicant has the right level of access.
- Upon completion, file the form in your local records and return 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	Cl State Driver's License C] State / District ID [2 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; and 3) the above-mentioned individual is requesting the appropriate MSIX role(s).

Signature: Date: