

User Application for Access to MSIX

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

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: _____
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MSIX Account Information

MSIX Role(s)	☐ Primary User ☐ Secondary User ☐ State Regional 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
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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: _____

Verifying Authority - Instructions to the Verifying Authority

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 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	☐ 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

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	Twyla		Approving Authority Last Name	Sprouse	
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	Twyla.Sprouse@ksde.gov		Work Telephone	XXX-XXX-XXXX 785 - 296 - 6714 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: _____