MSIX User Application

STEP 1: Applicant Information

- The applicant completes the application and signs the form.
- The applicant forwards the form to the verifying authority. The verifying authority is the position who authorizes the MSIX use for this person on behalf of the Local Education Agency (LEA). This should be the direct supervisor of the applicant. Identity verification must take place through an official use of state/district identification badge, driver's license, passport, etc.

STEP 2: Verification and Approval

- The verifying authority completes their own information, reviews the application for accuracy and thoroughness, confirms the applicant's identity, confirms the appropriate level of access to MSIX, and authorizes its use on behalf of the LEA.
- The application is then returned to the applicant upon completion by the verifying authority.

STEP 3: Forward Application to Approving Authority

- The applicant locates the state approving authority by going to https://schools.utah.gov or https://msix.ed.gov.
- The applicant clicks on the link labeled "Request An Account" to access the contact information of the state approving authority.
- The applicant forwards the completed and scanned application to the appropriate state approving authority.

STEP 4: State Authority Approval

- The state authority reviews the application including the verifying authority portions of the applications for accuracy, completion and then files the application.
- The state authority creates an MSIX account for the applicant.
- The applicant receives two emails from MSIX. One, identifying their username for the account. The second, will contain their initial password which must be reset when the applicant signs in for the first time.

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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: _____

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

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: _____