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

**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.

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| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Cyber Security Training Date |  | Work Address  *Street* |  |
| Work Address  *City* |  | Work Address  *State* |  |
| Work Address  *Zip* |  | Work Email |  |
| Work Telephone |  | Work Telephone  *Extension* |  |
| School District (if applicable) |  | Region (if applicable) |  |

**Intended Use**

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| --- | --- |
| 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**

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| --- | --- |
| 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 AdminGovernment Administrator MSIX Privacy Act Admin |

**Job Title**

|  |  |
| --- | --- |
| Select all that apply | State MEP Administrator or Staff  Regional/Local MEP Administrator or Staff  MEP Recruiter  School Registrar Student Liaison/Advocate Teacher  School Guidance Counselor  Other: Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Federal EmployeeFederal Contractor |

**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

### 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.

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| Verifying Authority  First Name |  | Verifying Authority  Last Name |  |
| Title |  | Work Email |  |
| Work Telephone |  | Work Telephone  *Extension* |  |
| 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.

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| --- | --- | --- | --- |
| Approving Authority  First Name |  | Approving Authority  Last Name |  |
| Title |  | Role | Regional User Administrator  State User Administrator |
| Work Address  *Street* |  | Work Address  *City* |  |
| Work Address  *State* |  | Work Address  *Zip* |  |
| Work Telephone |  | Work Telephone  *Extension* |  |

|  |  |
| --- | --- |
| Work Email |  |

**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)

**Privacy Act Statement**

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| The U. S. Department of Education (Department) will use the information that you provide on the attached MSIX User Application Form to promote secure and appropriate access to the Migrant Student Information Exchange (MSIX) system. The Department owns the MSIX system, including the data stored therein, which has a significant value and is an integral part of the infrastructure that supports the Department’s mission, goals and critical operations. It is essential that information in the MSIX system is properly secured and protected against information security related threats and dangers. MSIX has incorporated access controls to protect it against inappropriate or undesired user access. The process of granting and controlling access begins with the completion of the MSIX User Application Form, and the granting of rights and privileges. The MSIX User Application Form serves an integral part of the Department’s system to identify and verify authorized users for access to MSIX, assign roles to authorized users of MSIX, tie actions taken within MSIX to a specific user, control access to MSIX and ensure authorized users only have access to MSIX that is needed to perform the actions required by their positions, prevent the inappropriate release of information in MSIX, and document that MSIX users understand the MSIX rules of behavior.  The Department requests the information on the attached Form under the authority provided by section 1308(b)(2) of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act(P.L. 114-95). Your disclosure of information is voluntary, but if you do not submit the requested information, either on this form or, in a State form, if applicable, that requests that you provide the same information, then you will not be granted access to use the MSIX system.  The Department may disclose information contained in a record in this system of records, under the routine uses listed in this system of records, without the consent of the individual if the disclosure is compatible with the purposes for which the record was collected. The Department may make these disclosures on a case-by-case basis or, if the Department has complied with the computer matching requirements of the Privacy Act of 1974, as amended (Privacy Act), under a computer matching agreement. Routine uses of records maintained in the MSIX system include:  (1) MEP Services, School Enrollment, Grade or Course Placement, Accrual of High School Credits, Student Record Match Resolution, and Data Correction Disclosure. The Department may disclose a record in this system of records to authorized representatives of SEAs, LEAs, or other MEP LOAs to facilitate one or more of the following for a student: (a) Participation in the MEP, (b) enrollment in school, (c) grade or course placement, (d) credit accrual, (e) unique student match resolution, and (f) data correction by parents, guardians, and migratory children.  (2) Contract Disclosure. If the Department contracts with an entity for the purposes of performing any function that requires disclosure of records in this system to employees of the contractor, the Department may disclose the records to those employees who have received the appropriate level security clearance from the Department. As part of such a contract, the Department will require the contractor to agree to establish and maintain safeguards to protect the security and confidentiality of the disclosed records.  (3) Research Disclosure. The Department may disclose records from this system to a researcher if an appropriate official of the Department determines that the individual or organization to which the disclosure would be made is qualified to carry out specific research related to functions or purposes of this system of records. The official may disclose information from this system of records to that researcher solely for the purpose of carrying out that research related to the functions or purposes of this system of records. The researcher will be required to agree to establish and maintain safeguards to protect the security and confidentiality of the disclosed records.  (4) Freedom of Information Act (FOIA) or Privacy Act Advice Disclosure. The Department may disclose records to the U.S. Department of Justice (DOJ) or the Office of Management and Budget (OMB) if the Department concludes that disclosure is desirable or necessary to determine whether particular records are required to be disclosed under the FOIA or the Privacy Act.  (5) Disclosure in the Course of Responding to a Breach of Data. The Department may disclose records from this system to appropriate agencies, entities, and persons when (a) the Department suspects or has confirmed that there has been a breach of the system of records; (b) the Department has determined that as a result of the suspected or confirmed breach, there is a risk of harm to individuals, the Department (including its information systems, programs, and operations), the Federal Government, or national security; and, (c) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Department's efforts in responding to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.  (6) Litigation or Alternative Dispute Resolution (ADR) Disclosure.  (a) Introduction. In the event that one of the following parties is involved in litigation or ADR, or has an interest in litigation or ADR, the Department may disclose certain records to the parties described in paragraphs b, c, and d of this routine use under the conditions specified in those paragraphs:  (i) The Department or any of its components.  (ii) Any Department employee in his or her official capacity.  (iii) Any employee of the Department in his or her individual capacity where DOJ has agreed to or has been requested to provide or arrange for representation of the employee.  (iv) Any employee of the Department in his or her individual capacity where the Department has agreed to represent the employee.  (v) The United States where the Department determines that the litigation is likely to affect the Department or any of its components.  (b) Disclosure to DOJ. If the Department determines that disclosure of certain records to DOJ, or attorneys engaged by DOJ, is relevant and necessary to litigation or ADR, and is compatible with the purpose for which the records were collected, the Department may disclose those records as a routine use to DOJ.  (c) Adjudicative Disclosure. If the Department determines that disclosure of certain records to an adjudicative body before which the Department is authorized to appear or to a person or entity designated by the Department or otherwise empowered to resolve or mediate disputes is relevant and necessary to litigation or ADR, and is compatible with the purpose for which the records were collected, the Department may disclose those records as a routine use to the adjudicative body, person, or entity.  (d) Disclosure to Parties, Counsel, Representatives, and Witnesses. If the Department determines that disclosure of certain records to a party, counsel, representative, or witness is relevant and necessary to litigation or ADR, and is compatible with the purpose for which the records were collected, the Department may disclose those records as a routine use to a party, counsel, representative, or witness.  (7) Congressional Member Disclosure. The Department may disclose information from a record of an individual to a member of Congress and his or her staff in response to an inquiry from the member made at the written request of that individual. The member's right to the information is no greater than the right of the individual who requested it.  (8) Disclosure in Assisting another Agency in Responding to a Breach of Data. The Department may disclose records from this system to another Federal agency or Federal entity, when the Department determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (a) responding to a suspected or confirmed breach or (b) preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity (including its information systems, programs, and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.  The System of Record Notice was last published in the federal register on 07/10/2019 (84 FR 32895). |
| **Paperwork Burden Statement**  According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this collection is 1810-0686.  Public reporting burden for this collection of information is estimated to average .5 hours per response, including time for data entry by the SEA or LEA MSIX User Administrator to enter the data into the MSIX system.  The obligation to respond to this collection is required to obtain or retain benefit under Title I, Part C of ESSA (P.L. 114-95) Sec. 1304(b)(3) and Sec. 1308 (b)(2). No assurance of confidentiality is being provided. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB Control Number 1810-0686.  Note: Please do not submit the completed user application to this address. |