

**Center for Educational Performance and Information
MEIS Security Agreement to Access the
Credential Data Exchange (CDX) Application**

Please type or print clearly; otherwise, the processing of your form may be delayed.

Step 1. ISD Code: _____ ISD Name: _____
District Code: _____ District Name: _____

Step 2. Enter the name of the designated individual whom the superintendent/PSA chief administrator authorizes to obtain credential numbers for the district.

_____	_____
Name	Title
_____	_____
E-mail Address	Phone Number

Step 3. For the authorized individual: If you already have an MEIS account, go to Step 4. If you do not already have an MEIS account number, access the Internet and go to the following URL: www.michigan.gov/meis. Click on the MEIS logo. On the next screen click on "**Create an MEIS Account.**"

Step 4. Authorized MEIS Account Number (e.g., A1234567): _____
Authorized MEIS Account Login Name (e.g., smithjan): _____

NOTE: If you are replacing a formerly authorized individual, please download and complete an MEIS Authorized User Removal Request Form. This document can be downloaded from the CDX Security Agreements Web page.

Step 5. For the individual to be authorized: ***Please sign below.***
I agree to comply with the requirements of the Privacy Act of 1974 governing records maintained on individuals. A copy of the Privacy Act is available at <http://www.justice.gov/opcl/privacyact1974.htm>

By signing this agreement, I agree to protect my user identification and password from unauthorized use. I understand all access under my user ID is my responsibility. I agree to comply with the requirements of the Privacy Act of 1974.

_____	_____
Signature of Individual to be Authorized	Date

Step 6. For the superintendent/PSA chief administrator: ***Please Sign Below.***
I attest that the above-named individual is authorized by me to submit Social Security numbers for conversion to credential numbers for use in submission of data for my district and that the data are current and accurate.

_____	_____
Name of District/Agency	Date

_____	_____
Signature of Superintendent/PSA Chief Administrator	Name and Title

Step 7. Fax this form to CEPI: (517) 335-0488
Send questions to: cepi@michigan.gov