

Center for Educational Performance and Information
MEIS Security Agreement for Requesting Access Rights to the
Financial Information Database (FID) 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 individual the superintendent/PSA chief administrator authorizes to upload, validate and submit financial data (FID District User) or to view FID District data (FID District View).

Name Title

E-mail Address Phone Number

Step 3. Please check **only one box** for the permissions being requested.

- FID District User** (upload, validate, submit data to the state and print reports) **FID District View** (view all FID processes and print reports)

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**" and follow the online instructions.

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 FID Security Agreements Web page.

Step 5. For the individual to be authorized: ***Please sign below.***

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.

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 perform the function identified in the box checked above for the Financial Information Database (FID) Application.

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