

Center for Educational Performance and Information

MEIS Security Agreement to Access the Registry of Educational Personnel (REP) Application

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

Step 1. Please select **one** of the following three roles, then enter your district and intermediate school district (ISD) information below:

REP Authorized User: This user is authorized to submit and view REP data, and to create new Personnel Identification Codes (PICs).

PIC Search Authorized User: This user is authorized to view existing PICs and to create new PICs.

PIC Search View Only User: This user is authorized to view existing PICs only.

ISD Code: _____ ISD Name: _____

District Code: _____ District Name: _____

Step 2. Enter the name of the individual being authorized by the superintendent/lead administrator to view and/or submit REP data for the district.

Name Title

E-mail Address Phone Number

Step 3. For the authorized individual: If you already have a Michigan Education Information System (MEIS) account, go to Step 4. If you do not already have an MEIS account number, access the Internet and go to the following Web site: 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. Download this document from the CEPI Applications Web page.

Step 5. For the authorized individual: ***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 of 1974 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 REP data for my district and that the data are current and accurate. Further, the above-named individual is authorized to view and download data and reports at the district level.

Name of District/Agency Date

Signature of Superintendent/Lead Administrator Name and Title

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