

Academic Year 2016-17 Secondary Security Access Form

1. High School Information

If your high school is supported by a community/local college access group, you must list the person(s) who has your approval to review your students' data below on this Secondary Security Access form.

High School Administrator Name		High School Name
High School SAT Code	Telephone Number	Administrator E-mail Address

2. External Partner Roster

External partners will not have direct access to MiSSG; therefore if you choose to share the MiSSG reports with your partners, liability remains with you.

Last Name and First Name	Title and Organization	E-mail Address	Direct Telephone Number

3. Administrator Certification

I acknowledge that the partner(s) listed above will have access to MiSSG reports and information from my school assigned Data Receiver Designee. I am liable for any discrepancies or violations of confidentiality resulting from access to this data.

/s/	Administrator Signature	Date of Signature
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Send completed form by mail, fax, or e-mail to:

Michigan Department of Treasury
Student Scholarships and Grants
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Lansing MI 48909
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