# Academic Year 2020-21 MiSSG Aid Administrator Security Access Form
## Reconnect

| Financial Aid Director | Financial Aid Director Email | Institution |
|---|---|---|
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**Employee Access Roster**

List employees who will have access to MiSSG and what security level they will have for the Reconnect program.
Security Level Key: Administrator 1 (A1), Update 1 (U1), View-Only (VO), and No Access (NONE).

| Employee First Name | Employee Last Name | Employee Email | Reconnect |
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**Financial Aid Director Certification**

*I certify that each person(s) listed on the employee access roster is an employee of the institution and is authorized to have access to MiSSG. Additionally, I understand that MiSSG data, information, and reports are confidential and should be handled as such. I understand it is my responsibility to notify SSGO when an employee's account should be terminated.*

| Financial Aid Director Signature (type or sign) | Date of Signature |
|---|---|
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Complete this form and return electronically to Student Scholarships, Grants and Outreach (SSGO).
Email completed form to mistudentaid@michigan.gov.