

Single Sign On - Superintendent Security Form

This form must be completed by the Superintendent to be granted access to the State Department of Education Single Sign On as superintendent for the purpose of accessing the state applications and to be granted privileges to create, edit, and manage the accounts of other users at your school district.

To expedite processing of your request, please follow the steps below.

NOT following all the steps below WILL DELAY YOUR ACCESS.

1. Please fill out all forms legibly and completely.
2. This SSO access form must be accompanied by a copy of the **SIGNED district board minutes** showing the *date of action* and the *contract effective date*. **Please highlight this information** on the board minutes.
3. All districts, except Z and P districts, also need to complete page 2 of this document, the Child Nutrition form. If you are signing as an authorized rep, the Child Nutrition form must have a signature from any board member approving you as the authorized rep.
4. Please email the completed forms (SSO access form and CNP form, if applicable) and signed board minutes to: ServiceDesk@omes.ok.gov

Once you have sent in the above information, PLEASE DO NOT PUT IN ANOTHER HELP DESK EMAIL. Instead, refer to the case number you received on your original request. Call the OMES Service Desk at 405-521-2444 for status updates. You can also reply via email to any requests for missing documentation but do not remove the history or case number so it will link to your original request.

Please email the completed form and requested documentation above to ServiceDesk@omes.ok.gov.

(PLEASE COMPLETE ALL FIELDS LEGIBLY)

COUNTY NUMBER:

DISTRICT NUMBER:

DISTRICT NAME:

DISTRICT TELEPHONE
NUMBER:

PREVIOUS SUPERINTENDENT:

FIRST NAME:

LAST NAME:

SUPERINTENDENT CONTRACT
EFFECTIVE DATE

SUPERINTENDENTS E-MAIL ADDRESS:

CURRENT SINGLE SIGN ON USERNAME
(If applicable):

I understand that the data maintained by the Oklahoma State Department of Education (OSDE) system is sensitive and confidential. Access to data and the release of data is governed by the Federal Family Educational rights and Privacy Act, Oklahoma Title 51 O.S. 2001 24A.16, Oklahoma Title 70 O.S. 3-160 and 18-200.1 (E), Oklahoma Title 70 O.S. 2001 6115, and Oklahoma Title 74 O.S. 31 11(C&D) as amended. I agree that I shall not release data unless authorized to do so according to applicable laws, rules, and regulations, nor shall I access or use the information contained therein except for legitimate educational interests. I further agree that I will not allow anyone to login under my login and password and I will logout of the system when I am not at my desk.

I acknowledge that I fully understand that the release by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law.

SUPERINTENDENTS SIGNATURE: (This must be an original signature and included or account cannot be setup.)

DATE:

OFFICE USE ONLY

Date Received:

Date Acct Updated:

Updated By:

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
USER ACCOUNT FORM/CERTIFICATE OF AUTHORITY**

Agreement #/County & District Code:_____ **County:**_____

Name of School/Institution:_____

Street Address:_____

City, State, Zip:_____ **Phone #:**_____

First Name:_____ **Middle Initial:**____ **Last Name:**_____ **DOB:**_____

Email Address:_____ Please notify office if any users need to be made inactive.

Please indicate which Child Nutrition Program systems (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> CARS Applications (Schools ONLY) | <input type="checkbox"/> CARS Claims (Schools ONLY) | <input type="checkbox"/> NSLP Admin Review (Schools ONLY) |
| <input type="checkbox"/> CACFP Applications | <input type="checkbox"/> CACFP Claims | <input type="checkbox"/> Summer Food Service Program |

Type of User: Choose One

Security Question: Choose One _____ **Answer:**_____

Choose a 4-digit Personal Identification Number (PIN):_____

Signature of District/Data/View Only User:_____ **Date:**_____

District/Data/View only users will sign above and a person of higher authority will sign as the Approving Official. Skip Signature line above if you selected Authorized Rep./Billing E. User/Director as type of user. Type name and sign below as Authorized representative. A person of higher authority will sign as the Approving Official.

This is to certify that _____ whose signature appears below, is a designated Authorized Representative (AR) of the school/institution shown above and is fully empowered to enter into any agreement with the Oklahoma State Department of Education (OSDE) which may be a prerequisite to the installation and/or operation of a National School Lunch Program (NSLP), School Breakfast Program (SBP), Special Milk Program (SMP), After-School Snack Program (ASSP), Child and Adult Care Food Program (CACFP), and/or Summer Food Service Program (SFSP) in the School/Institution shown above, and may act for the School/Institution in preparing and signing other documents, reports, and claims for reimbursement pertaining to the installation and operation of the program(s).

The AR signs or electronically transmits and accepts responsibility for the monthly claim for reimbursement and receives all correspondence from this office. The name of this person must appear, typed or printed above; this person must also sign on the Signature of Authorized Representative line. A signature of the Superintendent, Board President/Member, Executive Director, Owner or other is required for approval of this AR on the Signature of Approving Official line. A stamped signature is not acceptable unless that signature is registered with the Secretary of State.

_____ Signature of Authorized Representative	_____ Title	_____ Date
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_____ Signature of Approving Official	_____ Title	_____ Date
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