Form Valid Until 01.31.17

ARKANSAS DEPARTMENT OF EDUCATION

State Security Access Form

Child Nutrition District Approver

Establishes the user with the ability to approve Child Nutrition claims.

Please visit "*apscn.org* > *Security* > *District Access Information*"
to see current member(s) in this role and to
verify changes after they have been completed.

District Name: _____

District 4-Digit LEA: _____

ADD NEW
Child Nutrition District Approver

Note: Adding this member to the role will automatically remove the current member.

First Name:_____ Last Name:_____

Login ID:_____
(current **Active Directory** login ID)

Child Nutrition District Approver Phone #:_____

Child Nutrition District Approver Fax #:_____

Child Nutrition District Approver Email Address: _____

_____ _____
Superintendent Signature Date
*(See Valid Date Above)

Note:
Fax to: Bobby Downum 501.683.3108