

*\*Form Valid Until 01.31.17*



# ARKANSAS DEPARTMENT OF EDUCATION

## *State Security Access Form*

### **Child Nutrition Group Manager**

*Establishes the manager with the ability to assign Child Nutrition group membership for users on the local level.*

**Please visit “[apscn.org](http://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 Group Manager**

*\*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 Group Manager Phone #:** \_\_\_\_\_

**Child Nutrition Group Manager Fax #:** \_\_\_\_\_

**Child Nutrition Group Manager Email Address:** \_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date  
*\*(See Valid Date Above)*

**Note:**

**Fax to:** Bobby Downum 501.683.3108