

*\*Form Valid Until 01.31.17*



# ARKANSAS DEPARTMENT OF EDUCATION

## *State Security Access Form*

### **Direct Certification User**

*Establishes the user with access to the Direct Certification application.*

**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**

#### **Direct Certification User**

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

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Login ID:** \_\_\_\_\_

(current Active Directory login ID)

**Direct Certification User Phone #:** \_\_\_\_\_

**Direct Certification User Fax #:** \_\_\_\_\_

**Direct Certification User Email Address:** \_\_\_\_\_

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

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

**Note:**

**Fax to:** Bobby Downum 501.683.3108