

**\*Form Valid Until 09.30.17**



# ARKANSAS DEPARTMENT OF EDUCATION

## State Security Access Form

### Direct Certification User

Establishes the user with access to the Direct Certification application.

Visit "<http://adedata.arkansas.gov> > Educators > Security Resources > District Access Information"  
to see current member(s) in this role and to  
verify changes after they have been completed.

**\*PLEASE DO NOT TYPE ON THIS FORM**

Entity Name: \_\_\_\_\_

Entity 4-Digit LEA: 

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ADD NEW

### Direct Certification User

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

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

Active Directory ID: \_\_\_\_\_

*(account must already exist before faxing this form)*

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

\_\_\_\_\_  
Date

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

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