

**Form Valid Until 07.31.17*



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.

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 #: _____

Superintendent Signature

Date

**(See Valid Date Above)*

Note:

Fax to: Bobby Downum 501.683.3108