

**Form Valid Until 01.31.17*



ARKANSAS DEPARTMENT OF EDUCATION

State Security Access Form

Ed Fi Group Manager

Establishes the manager with the ability to assign Ed Fi group membership for users on the local level.

**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

Ed Fi 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)

Ed Fi Group Manager Phone #: _____

Ed Fi Group Manager Fax #: _____

Ed Fi Group Manager Email Address: _____

Superintendent Signature

Date
**(See Valid Date Above)*

Note:

Fax to: Bobby Downum 501.683.3108