

**Form Valid Until 01.31.17*



ARKANSAS DEPARTMENT OF EDUCATION

State Security Access Form

SIS Cycle Coordinator

Establishes users that submit Cycles in the web based Statewide Information System (SIS).

**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

SIS Cycle Coordinator

**Note: There may be up to 4 members in this role. If it is desired to remove a current member from this role, please send the appropriate form.*

First Name: _____ **Last Name:** _____

Login ID: _____
(current Active Directory login ID)

SIS Cycle Coordinator Phone #: _____

SIS Cycle Coordinator Fax #: _____

SIS Cycle Coordinator Email Address: _____

Superintendent Signature

Date
**(See Valid Date Above)*

Note:
Fax to: Bobby Downum 501.683.3108