

# Single Sign On - Superintendent Security Form

This form must be completed by the Superintendent to be granted access to the State Department of Education Single Sign On as superintendent for the purpose of accessing the state applications and to be granted privileges to create, edit, and manage the accounts of other users at your school district.

**IMPORTANT: This request must be accompanied by a copy of the district board minutes showing the date of action and the contract effective date.**

Please email the completed form and board minutes to ServiceDesk@omes.ok.gov.

**(PLEASE COMPLETE ALL FIELDS LEGIBLY)**

COUNTY NUMBER:

DISTRICT NUMBER:

DISTRICT NAME:

DISTRICT TELEPHONE  
NUMBER:

PREVIOUS SUPERINTENDENT:

FIRST NAME:

LAST NAME:

SUPERINTENDENT CONTRACT  
EFFECTIVE DATE

SUPERINTENDENTS E-MAIL ADDRESS:

CURRENT SINGLE SIGN ON USERNAME  
(If applicable):

I understand that the data maintained by the Oklahoma State Department of Education (OSDE) system is sensitive and confidential. Access to data and the release of data is governed by the Federal Family Educational rights and Privacy Act, Oklahoma Title 51 O.S. 2001 24A.16, Oklahoma Title 70 O.S. 3-160 and 18-200.1 (E), Oklahoma Title 70 O.S. 2001 6115, and Oklahoma Title 74 O.S. 31 11(C&D) as amended. I agree that I shall not release data unless authorized to do so according to applicable laws, rules, and regulations, nor shall I access or use the information contained therein except for legitimate educational interests. I further agree that I will not allow anyone to login under my login and password and I will logout of the system when I am not at my desk.

**I acknowledge that I fully understand that the release by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law.**

**SUPERINTENDENTS SIGNATURE: (This must be an original signature and included or account cannot be setup.)**

**DATE:**

**OFFICE USE ONLY**

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Date Received:

Date Acct Updated:

Updated By:

