



OKLAHOMA STATE DEPARTMENT OF EDUCATION GMS USER ACCOUNT FORM

COUNTY CODE DISTRICT CODE COUNTY

NAME OF SCHOOL/ORGANIZATION

FIRST NAME MIDDLE INITIAL LAST NAME

EMAIL PHONE

Type of GMS Access Requested: (Choose One)

- ☐ Book Keeper (enter and save data)
- ☐ LEA District Admin 1 (Superintendent Only)
- ☐ LEA Principal (a) (access to plans/enter & save data)
- ☐ LEAViewOnly(cansee theinformation,butnotmakechanges)
- ☐ Non District Admin (full access to enter and submit forms/claims)
- ☐ Non District Book Keeper (enter and save data)
- ☐ Grant Writer (create and modify competitive grant application)
- ☐ Other

Are you an existing Superintendent that needs to be disassociated with a previous district?
☐ Yes ☐ No

What is your GMS User Identification Number? _____

Enter any notes applicable that need to be considered.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

TITLE OF AUTHORIZED REPRESENTATIVE

DATE

Submit completed form to applicable department:
Federal Programs: Tammy.Smith@sde.ok.gov
Special Education: Karen.Howard@sde.ok.gov
School Support: Alysia.Livingston@sde.ok.gov
21st Century: Tracie.Raibourn@sde.ok.gov