## 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.

To expedite processing of your request, please follow the steps below.

NOT following all the steps below WILL DELAY YOUR ACCESS.

- 1. Please fill out all forms legibly and completely.
- 2. This SSO access form must be accompanied by a copy of the **SIGNED district board minutes** showing the *date of action* and the *contract effective date*. **Please highlight this information** on the board minutes.
- 3. All districts, except Z and P districts, also need to complete page 2 of this document, the Child Nutrition form. If you are signing as an authorized rep, the Child Nutrition form must have a signature from any board member approving you as the authorized rep.
- 4. Please email the completed forms (SSO access form and CNP form, if applicable) and signed board minutes to: <a href="mailto:Ryan.Pieper@sde.ok.gov">Ryan.Pieper@sde.ok.gov</a>

You may call Accreditation at 405-521-3335 for status updates, or you may reply to email requesting further documentation.

## (PLEASE COMPLETE ALL FIELDS LEGIBLY) COUNTY NUMBER: DISTRICT NUMBER: DISTRICT NAME: HAVE YOU CHANGED DISTRICTS? DISTRICT PHONE **PREVIOUS** NUMBER: SUPERINTENDENT: YES NO PREVIOUS DISTRICT, IF APPLICABLE: MAIDEN NAME FIRST NAME: LAST NAME: IF APPLICABLE: **TEACHER CERTIFICATION** CURRENT SINGLE SIGN ON USERNAME. NUMBER: IF APPLICABLE:

## Single Sign On - Superintendent Security Form

SUPERINTENDENT CONTRACT EFFECTIVE DATE:	SUPERINTENDENT EMAIL ADDRESS:
system is sensitive and confidential. Access Federal Family Educational rights and Privac Oklahoma Title 70 O.S. 3-160 and 18-200.1 Oklahoma Title 74 O.S. 31 11(C&D) as amer authorized to do so according to applicable the information contained therein except for I will not allow anyone to login under my login am not at my desk.	
SUPERINTENDENTS SIGNATURE: (This mincluded or account cannot be setup.)	nust be an original signature and DATE:
OFFICE USE ONLY	
Date Received: Date Acct Update	ted: Updated By:

## OKLAHOMA STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS USER ACCOUNT FORM/CERTIFICATE OF AUTHORITY

Agreement #/County & District Co	ode:(	county:	
Name of School/Institution:			
Street Address:			
City, State, Zip:		Phone #:	
First Name:	_Middle Initial: Last Name <u>:</u>	DOB <u>:</u>	
Email Address:	Please notify off	ice if any users need to be made in	active.
	☐ CARS Claims (Schools ONLY) ☐ CACFP Claims	☐ NSLP Admin Review (Schools ONI ☐ Summer Food Service Program	LY)
Please indicate security question (c Mothers Maiden Name? \(\subseteq\) \(\bar{\text{N}}\)			-
Please create a 4-Digit PIN:			
Please indicate which level of access  View Only (Can view information  Authorized Rep./Billing Entity U  District/Data/View/Authorized Rep. Rep. below and a separate person	on only)	ector (Can enter & save data) ertify forms/claims). gn as an District/Data/View/Auth	orized
This is to certify that whose signatus school/institution shown above and Department of Education (OSDE) who School Lunch Program (NSLP), So Snack Program (ASSP), Child and A (SFSP) in the School/Institution shoother documents, reports, and claim program(s).	I is fully empowered to enter into hich may be a prerequisite to the inchool Breakfast Program (SBP), Standard Cace Food Program (CACEP) was above, and may act for the S	any agreement with the Oklahom nstallation and/or operation of a N pecial Milk Program (SMP), After- ), and/or Summer Food Service P chool/Institution in preparing and	a State lationa Schoo rogram signing
The AR signs or electronically trans and receives all correspondence fr above; this person must also sign Superintendent, Board President/Mo AR on the Signature of Approval O is registered with the Secretary of S	om this office. The name of this on the Signature of Authorized Fember, Executive Director, Owner official line. A stamped signature is	person must appear, typed or pri Representative line. A signature of or other is required for approval of	inted f the f this
Signature of District/Data/View/Author	rized Representative Titl	e Date	
Signature of Approving Official		e Date	