



CSIP Access Request Form

I understand I am requesting access or to have access removed for myself or for another person for Continuous School Improvement Plan (CSIP). I will not release confidential information to others unless it is for the purposes directly connected to the program for which purpose it was originally intended. Each school is responsible for maintaining secure systems with which to access state systems to ensure the data is safeguarded. Each user must choose a strong password and secure their username and password. Usernames and passwords must never be shared or reused. Each user must agree to use the data only within the direct scope of their current employment and within the scope of the role granted, and to comply with FERPA and the OPI Student Records Confidentiality Policy.

Requester Name: _____

Date: _____

User Information

Full Name: _____

Email: _____

Phone: _____

New User

Remove User: _____

District/School: _____

Existing User: _____

ADD ROLES

REMOVE ROLES

See back of form for role definitions

CSIPDistrictUser
LE _____

CSIPSchoolUser
SC _____

CSIPReadOnly

OPI ONLY ROLES

CSIPOpiSupport

CSIPTitleManager

CSIPReadOnly

Authorized Representative Signature

Name: _____

Title: _____

Phone: _____

Signature: _____

Date: _____

Please send completed forms to OPI.CSIP@mt.gov