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: ______________________ □ Existing User: ______________________

District/School: ______________________

□ ADD ROLES □ REMOVE ROLES

*See back of form for role definitions*

□ CSIPDistrictUser LE ______________________

□ CSIPSchoolUser SC ______________________

□ CSIPReadOnly

□ CSIPAdmin

□ OPI ONLY ROLES

□ CSIPOplSupport

□ CSIPTitleManager

□ CSIPReadOnly

Authorized Representative Signature

Name: ______________________ Title: ______________________ Phone: ______________________

Signature: ______________________ Date: ______________________

Please send completed forms to OPLCSIP@mt.gov