



Special Education Access Request Form

I understand I am requesting to add, remove, or update access for myself or for another person for Special Education applications. 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. User access must never be shared or reused by another person. 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.

Submit completed/signed form to opihelpdesk@mt.gov. For user access assistance call (406) 444-0087.

User Information

Full Name: _____ Email: _____
Title: _____ Phone: _____
District(s): _____
LE #(s): _____

Access Request for User (check all that apply):

SPED Application	Add Access	Remove Access	Read Only
Child Count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-School Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorized Representative Signature

Full Name: _____ Email: _____
Title: _____ Phone: _____
Signature: _____ Date: _____

OPI Secure Portal login page: <https://apps.opi.mt.gov/osp/>