

**Center for Educational Performance and Information**  
**MEIS Security Agreement to Access the**  
**Credential Data Exchange (CDX) Application**

Please type or print clearly; otherwise, the processing of your form may be delayed.

**Step 1.** ISD Code: \_\_\_\_\_ ISD Name: \_\_\_\_\_

District Code: \_\_\_\_\_ District Name: \_\_\_\_\_

**Step 2.** Enter the name of the designated individual whom the superintendent/PSA chief administrator authorizes to obtain credential numbers for the district.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

**Step 3.** For the authorized individual: If you already have an MEIS account, go to Step 4. If you do not already have an MEIS account number, access the Internet and go to the following URL: [www.michigan.gov/meis](http://www.michigan.gov/meis). Click on the MEIS logo. On the next screen click on "**Create an MEIS Account.**"

**Step 4.** Authorized MEIS Account Number (e.g., A1234567): \_\_\_\_\_

Authorized MEIS Account Login Name (e.g., smithjan): \_\_\_\_\_

**NOTE:** If you are replacing a formerly authorized individual, please download and complete an MEIS Authorized User Removal Request Form. This document can be downloaded from the CDX Security Agreements Web page.

**Step 5.** For the individual to be authorized: *Please sign below.*

I agree to comply with the requirements of the Privacy Act of 1974 governing records maintained on individuals. A copy of the Privacy Act is available at <http://www.usdoj.gov/foia/privstat.htm>.

By signing this agreement, I agree to protect my user identification and password from unauthorized use. I understand all access under my user ID is my responsibility. I agree to comply with the requirements of the Privacy Act of 1974.

\_\_\_\_\_  
**Signature of Individual to be Authorized**

\_\_\_\_\_  
**Date**

**Step 6.** For the superintendent/PSA chief administrator: *Please Sign Below.*

I attest that the above-named individual is authorized by me to submit Social Security numbers for conversion to credential numbers for use in submission of data for my district and that the data are current and accurate.

\_\_\_\_\_  
**Name of District/Agency**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Superintendent/PSA Chief Administrator**

\_\_\_\_\_  
**Name and Title**

**Step 7. Fax this form to CEPI: (517) 335-0488**  
**Send questions to: cepi@michigan.gov**