

**Center for Educational Performance and Information  
MEIS Security Agreement to Access the  
Registry of Educational Personnel (REP) 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 individual the superintendent/PSA chief administrator authorizes to submit the REP data 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**" and follow the online instructions.

**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 REP 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 of 1974 is available at [www.usdoj.gov/foia/privstat.htm](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 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 REP data for my district and that the data are current and accurate. Further, the above-named individual is authorized to view and download data and reports at the district level.

\_\_\_\_\_  
**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**