Michigan Department of Education  
Office of Special Education and Early Intervention Services

Pupil Transportation Security Access

School District Code: ___________________________________________________

School District Name: ___________________________________________________

Step 1 Name of the designated individual who is authorized to use the MDE pupil transportation system to report data and assign internal security.

_____________________________________________ ____________________________________
Name (type or print)     Title
_____________________________________________ ____________________________________
Email address     Phone number

Step 2 Access the Internet and go to the following URL: http://www.michigan.gov/meis

Step 3 Click on the USER MANAGEMENT link. There you will be instructed on how to create a new account.

Step 4 Once a MEIS account number is obtained, please enter the following requested information:

Designee’s MEIS Account: _______________________________________________________________

Step 5 For the designated individual:

☐ Read Only     ☐ Edit/Update     ☐ Intermediate School District Administrator

I agree to protect my user identification and password from unauthorized use. I understand all access under my user ID is my responsibility. I further understand that by reporting data via the Internet, I am certifying that the data reported is correct. All information I obtain from the pupil transportation system shall be used only in the proper conduct of my organization’s business.

☐ New Designee     ☐ Replacement Designee     ☐ Close MEIS Account:______________

___________________________________________  __________________________
Signature of Designee      Date

________________________________________
Mother’s Maiden Name (for identification purposes only)

Step 6 For the Superintendent or Chief Operating Officer:

I attest that the above named individual is authorized to submit pupil transportation information and data to the MDE.

________________________________________
Name of Organization

________________________________________
Signature of Superintendent/Chief Operating Officer or Designee      Date

Step 7 Mail or fax this form to:

Ms. Debbie Nowlen  
Michigan Department of Education  
Office of Special Education and Early Intervention Services  
P.O. Box 30008  
Lansing, Michigan 48909  
Fax: (517) 241-3690  
Email: nowlend@michigan.gov