# MSBA System Access Request Form
# OPM Report System User

***PLEASE PRINT CLEARLY.***

**TODAY'S DATE:** _____

**TITLE:** _____ **PHONE:** _____

**NAME:** _____

**E-MAIL ADDRESS:** _____

**ADDRESS:** _____ **CITY:** _____ **ZIP:** _____

**DISTRICT NAME:** _____

**SCHOOLS FOR WHICH ACCESS IS REQUESTED (required for OPM Users):**

| *School Name* | *MSBA Project ID (if available)* |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**SYSTEM ACCESS REQUESTED:**

**OPM REPORT SYSTEM**

- ☐ OPM Firm (Update)
- ☐ OPM Firm (Read Only)
- ☐ District Staff (Read Only)

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I, _____, the Superintendent of Schools or Mayor/Town Administrator for the Town/City/Regional School District of _____ hereby authorize the above-named individual to access and use the MSBA online database as requested above, with the level(s) of access indicated. I understand that, should the above-named individual be granted access to this database, he/she will be solely responsible for access to the database on behalf of the Town/City/Regional School District of _____, using the login ID and password provided by the MSBA.

Signed: _____, Superintendent of Schools/Mayor/Town Administrator

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***MSBA Use Only***

**APPROVED BY:** _____ **DATE** _____

**COMPLETED BY:** _____ **DATE** _____

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Please email a PDF of the completed form to the assigned Project Coordinator at the MSBA.