

Please print this form on your district letterhead, provide the requested information, and return it to the MassONE office by fax (781-338-6850) or by mail (MassONE, Massachusetts Dept. of Elementary and Secondary Education, 75 Pleasant Street, Malden, MA 02148-5023). *Questions* call MassONE at 781-338-3020.

Authorization for MassONE District Administration

I, _____, hereby request authorization to become the MassONE District Administrator for the following Massachusetts school district: _____

I understand that I will be responsible for communicating with MassONE on behalf of my district and/or school, creating MassONE user accounts for staff, providing basic support for MassONE for users in my district and/or school, signing the MassONE Acceptable Use Policy, and informing users in my district or school of the MassONE Acceptable Use Policy.

MassONE Username:	
School Email Address: <i>(required for email notification)</i>	
Daytime Phone Number:	This number will be posted online at http://massone.mass.edu/Admins/list.html
8 Digit District Code: http://profiles.doe.mass.edu	
Are you replacing an existing MassONE admin?	If yes, please write the name of the admin you are replacing: <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing, I certify that I have read and understood MassONE's Acceptable Use Policy and Guidelines (<http://massone.mass.edu/aup.html>).

Signature

Date

For District Superintendent or Equivalent Position*

I hereby authorize the above named person to be the MassONE Administrator for_____
_____. By signing this form, I certify that I have read and understood MassONE's Acceptable Use Policy and Guidelines (<http://massone.mass.edu/aup.html>). I also certify that the information in this application is correct and complete.

Superintendent's Name (Please Print)

Superintendent's Signature -- *Required*