

Note: Please print this form on your school or district letterhead, provide the requested information, and return to the MassONE office by fax (781-338-6850) or by mail (Massachusetts Department of Elementary and Secondary Education, MassONE, 75 Pleasant St. Main Street, Malden, MA 02148-5023).

Authorization for an Individual MassONE Account

I, _____, am a Massachusetts educator and am requesting an individual MassONE account. I understand that I will receive a welcome email with my account information. The email will be entitled **“Welcome to MassONE.”**

First Name	
Last Name	
Date of Birth	
District Name	
School Name	
Your School Email Address <i>(required for email notification)</i>	
School Code (8 digits <i>required</i>) (http://profiles.doe.mass.edu/)	

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.

Your signature: _____

Required Approval by School Principal, Superintendent, or equivalent:

Name & Title (*Please Print*): _____

Signature (*Required*): _____

Telephone Number: _____

Email Address: _____

Questions? Contact MassONE at 781-338-3020 or MassONEHelp@doe.mass.edu.