

*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 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 “**Massachusetts ESE Welcomes You to MassONE.**”

First Name and Middle Initial	
Last Name	
Date of Birth	
District Name	
School Name	
School or District Code (8 digits <i>required</i> ) ( <a href="#">District School Org Codes</a> )	
Your School Email Address ( <i>required</i> )	

By signing this form, I certify that I have read and understood MassONE’s Acceptable Use Policy and Guidelines (<http://massone.mass.edu/downloads/aup.pdf> or <http://massone.mass.edu/downloads/aup.doc>) 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](mailto:MassONEHelp@doe.mass.edu).**