

Please print this form on your school 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 School Administration

I, _____, hereby request authorization to become the MassONE School Administrator for the following Massachusetts School: _____

I understand that I will be responsible for communicating with MassONE on behalf of my School, creating MassONE user accounts for staff, providing basic support for MassONE for users in my School, signing the MassONE Acceptable Use Policy, and informing users in my 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 School Code: <small>(http://profiles.doe.mass.edu/Default.aspx)</small>	
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 School Principal 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.

Principal's Name (Please Print)

Principal's Signature -- *Required*