

Grant Electronic Monitoring System/Michigan Administrative Review System (GEMS/MARS)

Security Authorization Form for Sub-Recipient Users

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Name:					
Name					1
Email:					
Phone:					
District/Agency Name and Code:					
MEIS ID Number:					
To verify or create a MEIS acc	count, access	the MEIS website http://ww	ww.michigan.gov,	/meis.	_
If you are requesting access t National School Lunch Program	o a specific pr n, CTE, Partne	ogram, please enter below ership Office, or Civil Rights	. Examples would s, etc.	d be Title I,	
Program(s):					1
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If this request is a replaceme	nt for an exist	ring Sub-recipient Administ	rator, please com	plete the follo	owing
					٦
Replacement For:					
By signing this document you others, whether authorized or identification is your responsi	not, to GEMS	S/MARS. You understand the			
Signature		Print Name		Date	
	_				
					_
Superintendent or Chief Oper	ating Officer (COO) Signature:			
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Signature - Authorized Official*		Print Name		Date	1

Forms may be emailed to mde-gems@michigan.gov.

^{*}For Public School Academies, this signature needs to be the school board president.

^{*}For Nonpublic Schools, this signature needs to be the principal/administrator.

^{*}If you need assistance with this form, please contact the GEMS/MARS Team via email at mdegems@michigan.gov.