



GEMS Access Revocation Form



Please use this form to **REVOKE** access to the secure GEMS site.

Once the district's Authorized Representative has signed this form, you can scan and email it to <mailto:opigemshelpdesk@mt.gov>, mail it to OPI Security Desk, P.O. Box 202501, Helena, MT 59620-2501 or fax to 406-444-1369.

County Name: _____

LEA/Organization Name: _____ LE Number: _____

School Name: _____ SC Number: _____

Full Name: _____ Login ID: _____

Email: _____ Phone: _____

GEMS Access Area to Remove: (check or circle all that apply)

- Achievement Free and Reduced Lunch Enrollment Special Education
- Career and Technical Education College Readiness Early Warning System
- FAESA

County Name: _____

LEA/Organization Name: _____ LE Number: _____

School Name: _____ SC Number: _____

Full Name: _____ Login ID: _____

Email: _____ Phone: _____

GEMS Access Area to Remove: (check or circle all that apply)

- Achievement Free and Reduced Lunch Enrollment Special Education
- Career and Technical Education College Readiness Early Warning System
- FAFSA

Authorized Representative must sign below in order to process this form.

With my signature below, I certify the accuracy of the information submitted on this form.

_____ Date

Signature of Authorized Representative