



## 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.**

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*Date*