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
☐ 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