



GEMS Access Request Form



Please use this form to request access to the secure GEMS site. The secure site gives the user access to unmasked, student-level data for the school or district for the indicated access area. District access includes all schools within the district. Once the district's Authorized Representative has signed this form, you can scan and email it to opigemshelpdesk@mt.gov, mail it to OPI Security Desk, P.O. Box 202501, Helena, MT 59620-2501 or fax to 406-444-1369.

If you need to look up your LE number, SC Number or who your Authorized Representative is, go to the School Directory on the OPI Reporting Center under 'Public Reports':
<https://apps.opi.mt.gov/OPIReportingCenter/frmDefault.aspx?ReturnUrl=%2fopireportingcenter>.

County Name: _____

LEA/Organization Name: _____ LE Number: _____

School Name: _____ SC Number: _____

Full Name: _____

Email: _____ Phone: _____

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

- Achievement Free and Reduced Lunch Enrollment Special Education
- Career and Technical Education College Readiness Early Warning System
- FAFSA (Please complete the FAFSA Completion Initiative on page 2 of this request form)

Job Duties: (check or circle all that apply)

- District Superintendent District Clerk Principal Other _____
- Special Education Director Testing Coordinator Determining Official Counselor

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LEA/Organization Name: _____ LE Number: _____

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Job Duties: (check or circle all that apply)

- District Superintendent District Clerk Principal Other _____
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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

FAFSA Completion Initiative

By signature of the Authorized Representative below, the _____ High School agrees to abide by the following conditions with respect to the data that will be shared as part of the Free Application for Federal Student Aid (“FAFSA”) Completion Initiative:

- The FAFSA Filing Status Information will only be used for purposes consistent with section 483(a)(3)(E) of the Higher Education Act (20 U.S.C. 1090(a)(3)(E));
- The High School will take appropriate steps to protect the confidentiality of the FAFSA Filing Status Information through privacy, data security, and information safeguarding measures;
- The High School will comply, as applicable, with the requirements of the Family Educational Rights and Privacy Act (“FERPA”) (20 U.S.C. § 1232g and its regulations codified at 34 CFR part 99) in disclosing any personally identifiable information from students’ education records to the Office of Public Instruction (“OPI”) or its agents;
- The FAFSA Filing Status Information will only be accessed by employees of the High School who need such access in order to determine the completion status of a student’s FAFSA and to facilitate the provision of assistance to such students in completing the FAFSA for purposes of the FAFSA Completion Initiative.
- The High School will not re-disclose or share the FAFSA Filing Status information obtained from OPI in personally identifiable form other than (1) to the FAFSA applicant and to the FAFSA applicant’s parents if the applicant is under age 18, to the applicant if the applicant is age 18 or older or enrolled in a post-secondary institution, or to any other party with the consent of the FAFSA applicant or the FAFSA applicant’s parents if the FAFSA applicant is under the age of 18, or (2) if required to do so by law and if such use is consistent with all applicable privacy laws, including the privacy provisions of section 483(a)(3)(E) of the Higher Education Act, 20 U.S.C. 1090(a)(3)(E) and FERPA (20 U.S.C. 1232g).
- The High School will promptly report in writing any unauthorized use, disclosure, or re-disclosure of FAFSA Filing Status Information to the Office of Public Instruction. The Office of Public Instruction will report to Jamie Dushin, Montana University System, MGSLP, Accounting/Claims Manager, (406) 444-0381.

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