OPI Employee Secure Access Request

Please use this form to request access to secure GEMS as an OPI employee. The secure site gives the user access to unmasked, **statewide** student-level data for the indicated access area. Once the Data Owner(s) and your Unit Manager/Supervisor have signed this form, please submit it to the OPI Security Desk. If you have questions regarding this form, please contact the OPI Help Desk at opihelpdesk@mt.gov or the GEMS Help Desk at opigemshelpdesk@mt.gov

Name of Individual Requesting Access: *(Please Print)* _____

Department: _____ Program/Unit: _____

Briefly describe your primary use of the GEMS Data Warehouse: _____

_____

GEMS ACCESS AREA: (check or circle all that apply)
Note: The Access Areas listed below are only for those data sets which have been loaded into GEMS. As more data sets are loaded, this form will be updated.

☐ **Accountability System**
Data Owner: Data Operations Manager
Description: This role will give the user access to unmasked data in the Accountability System.

☐ **Achievement**
Data Owner: Assessment Director
Description: This role will give the user access to unmasked, student-level data pertaining to student achievement such as Smarter Balanced (SBAC) and Montana Aligned to Standards Through-Year (MAST).

☐ **Enrollment**
Data Owner: AIM Unit Manager
Description: This role will give the user access to unmasked, student-level data pertaining to enrollment such as the secure Graduation and Dropout Dashboards, Cohort Certification/Final Report, Dropout Certification/Final Report, Graduate Certification/Final Report, and the Four Year Adjusted Cohort Graduation Rate Report.

☐ **Free and Reduced Lunch**
Data Owner: School Nutrition Programs Director
Description: This role will give the user access to unmasked, student-level data pertaining to Free and Reduced Lunch.

☐ **Special Education**
Data Owner: Special Education Director
Description: This role will give the user access to unmasked, student-level data pertaining to the secure Child Count Dashboard.

☐ **Homeless, Neglected & Delinquent**
Data Owner: Title I/Family Engagement Specialist
Description: This role will give the user access to unmasked, student-level data pertaining to the secure Homeless Student Verification Report and the secure Reporting for Title 10 Part C (Homeless).

☐ **College Readiness**
Data Owner: Data Operations Manager
Description: This role will give the user access to unmasked data regarding enrollment, remediation, and retention statistics for Montana public and state-funded high school graduates entering the Montana University System (MUS).

☐ **Early Warning System**
Data Owner: Data Operations Manager
Description: This role will give the user access to unmasked data in the Early Warning System.

CONFIDENTIALITY/CONSENT STATEMENT: *(To be read and signed by the individual requesting access.)*

I certify that I am entitled to the confidential information to which I am requesting access. I will not release the confidential information to others unless it is for purposes directly connected to the administration of the program for whose purposes it was originally provided. Intentional violations of the OPI Student Records Confidentiality Policy may result in formal disciplinary action, up to and including termination, denial of access to sensitive data, and revocation of network access privileges. I have read and signed the OPI Network Acceptable Use Policy, the OPI Student Records Confidentiality Policy, and the State of Montana's Computer Use Policies and I agree to comply with all terms and conditions.

Employee Signature: _____ Date: _____

Unit Manager/Supervisor Signature: _____ Date: _____

Data Owner: _____ Date: _____   Data Owner: _____ Date: _____
          Signature   *Signature*

Data Owner: _____ Date: _____   Data Owner: _____ Date: _____
          Signature   *Signature*

This section to be completed by the OPI security officer

Access Approved: ☐   Logon ID: _____ Expires: _____
                 ☐ Confidentiality Agreement Signed, Dated _____

Access Denied: ☐   Reason: _____

Signature of Security Officer: _____ Date: _____