



## Grants Management System (GMS)

# LEA USER ACCESS ADMINISTRATOR AGREEMENT

**PLEASE PRINT CLEARLY!**

**PLEASE SEND COMPLETED FORM TO:  
EED.GMS.SUPPORT@ALASKA.GOV**

District/Organization/Grantee: \_\_\_\_\_  
First & Last Name of user: \_\_\_\_\_  
Email address of user: \_\_\_\_\_  
Telephone number of user: \_\_\_\_\_  
Title of user: \_\_\_\_\_  
Date of request: \_\_\_\_\_  
Purpose of access: LEA User Access Administrator for district/grantee noted above

Duration of Agreement: *Agreement is in effect from date of signing through last day of employment with the above district/grantee or as necessary (i.e. due to change in duties).*

By signing on the line below, the superintendent/authorized representative approves the user access and the user agrees to the following:

- To safeguard the security of your password allowing access to the system.
- To maintain the security of your access and not to share your system access with others.
- To not perform actions on the district/grantee or Alaska Department of Education and Early Development Information Technology resources which are inconsistent with the intent of this agreement, violate any state or federal law, or result in system instability.
- That any computer used to access the GMS is protected by Anti-Virus with current updates and is free of any malicious code or applications (virus, Trojans, worms, key loggers, back doors; etc.).
- To set up district/grantee user roles upon approval of this form; ensure a segregation of duties within GMS; following the district's/grantee's internal control policy; and at a minimum semi-annually complete a review of the roles assigned, correct any errors, and maintain documentation.

**LEA User Access Administrator (Person above):**

**District/Organizations Authorized Approval :**

*Such as Superintendent or Business Manager ect.*

\_\_\_\_\_  
*Printed Name of person above*

\_\_\_\_\_  
*Printed Name of authorized*

\_\_\_\_\_  
*Signature of person above*

\_\_\_\_\_  
*Signature of authorized*

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

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

***The Department of Education & Early Development reserves the right to rescind this agreement at any time without prior notification.***