**Local Education Agency (LEA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:**

Check the box for either a new LEA Superintendent or if the Superintendent is giving authority to another individual. Fill in the First, Middle Initial and Last Name, Begin Date and End Date (period for which the role will be active).

Please submit (fax/mail/or scan and email) the completed form to:

Darlena Schlachter

WDE GMS Security Administrator

2300 Capitol Avenue

 Cheyenne, WY 82002

Fax: 307-777-7633

If you have questions or need assistance, please contact Darlena at 307-777-5315 or email at darlena.schlachter@wyo.gov .

**New LEA Superintendent or Board Authorized Representative’s Role**

This individual is responsible for reviewing and agreeing to all Certifications and Assurances, completing a final review of the LEA’s application, and formally submitting the application to the Wyoming Department of Education (WDE) as complete and ready for WDE review and approval. This process is an electronic signature assuring the WDE that the district superintendent understands the assurances and the district is abiding by them. **By giving signature authority to another designated person within the LEA, the LEA superintendent is not waiving their responsibility or legal obligation to meet those assurances being agreed to.**

|  |  |  |  |
| --- | --- | --- | --- |
| **New LEA Superintendent** |  | **Board Authorized Representative** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name**  | **Middle Initial** | **Last Name** | **Begin Date** |
|  |  |  |  |

Signatures are required only if Assurance authorization is being given to another individual by the Superintendent to authorize the WDE GMS Security Administrator to add the person listed on this form.

***LEA Superintendent:***

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please Print) (mm/dd/yyyy)**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***LEA School Board Representative:***

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please Print) (mm/dd/yyyy)**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_