

# Wyoming Department of Education GMS Access/Removal Request Form

**Applicant Agency:** \_\_\_\_\_

**Grant Access:**

- Consolidated Grant     
  Perkins Post Secondary     
  Payments w/out Online Applications  
 Competitive Grant - Please List: \_\_\_\_\_  
 ARRA – Please List: \_\_\_\_\_

**Instructions:**

**Access:** Fill in the First and Last Name, phone number, and email address for the staff member(s) that you want to have access to the Grants Management System. This individual(s) will have the ability to enter, complete the application, and submit to the Authorized Representative but will not have access to submit to the Wyoming Department of Education. An applicant may have more than one person in the data entry role.

**Grant Removal:** If removal from the system is required fill in the First and Last Name of the staff member(s) to be removed from GMS. Please check the box below if they are to be removed.

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 her at the following: [darlena.schlachter@wyo.gov](mailto:darlena.schlachter@wyo.gov)

First Name	Last Name	Email Address	Phone Number	Remove
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

My signature on this form authorizes the WDE GMS Security Administrator to assign the person(s) listed on this form to their respective roles.

**LEA Superintendent / Board Authorized Representative:**

**Name:** \_\_\_\_\_  
(Please Print)

**Date** \_\_\_\_\_  
(mm/dd/yyyy)

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

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