OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
USER ACCOUNT FORM/CERTIFICATE OF AUTHORITY

Agreement #/County & District Code:_____ **County**:_____

Name of School/Institution:_____

Street Address:_____

City, State, Zip:_____ Phone #:_____

First Name:_____ Middle Initial:___ Last Name:_____ DOB:_____

Email Address:_____ **Please notify office if any users need to be made inactive.**

Please indicate which Child Nutrition Program systems (Check all that apply):

☐ CARS Applications (Schools ONLY) ☐ CARS Claims (Schools ONLY) ☐ NSLP Admin Review (Schools ONLY)

☐ CACFP Applications ☐ CACFP Claims ☐ Summer Food Service Program

Please indicate security question (check one only) and answer: _____

☐ Mothers Maiden Name? ☐ Name of First Pet? ☐ Favorite Color? ☐ City of Birth?

Please create a 4-Digit PIN:_____

Please indicate which level of access you are requesting (check one of the three options only):

☐ View Only (Can view information only) ☐ District User/Data Director (Can enter & save data)

☐ Authorized Rep./Billing Entity User/Director (Can enter, save, & certify forms/claims).

District/Data/View/Authorized Rep./Billing E. User/Director will sign as an District/Data/View/Authorized Rep. below and a separate person of higher authority will sign as the Approving Official below.

This is to certify that whose signature appears below, is a designated Authorized Representative (AR) of the school/institution shown above and is fully empowered to enter into any agreement with the Oklahoma State Department of Education (OSDE) which may be a prerequisite to the installation and/or operation of a National School Lunch Program (NSLP), School Breakfast Program (SBP), Special Milk Program (SMP), After-School Snack Program (ASSP), Child and Adult Care Food Program (CACFP), and/or Summer Food Service Program (SFSP) in the School/Institution shown above, and may act for the School/Institution in preparing and signing other documents, reports, and claims for reimbursement pertaining to the installation and operation of the program(s).

The AR signs or electronically transmits and accepts responsibility for the monthly claim for reimbursement and receives all correspondence from this office. The name of this person must appear, typed or printed above; this person must also sign on the Signature of Authorized Representative line. A signature of the Superintendent, Board President/Member, Executive Director, Owner or other is required for approval of this AR on the Signature of Approval Official line. A stamped signature is not acceptable unless that signature is registered with the Secretary of State.

_____ _____ _____

Signature of District/Data/View/Authorized Representative | Title | Date

_____ _____ _____

Signature of Approving Official | Title | Date