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

Agreement #/County & District Co	ode:	_County:
Name of School/Institution:		
Street Address:		
City, State, Zip <u>:</u>		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 Nutritio	CARS Claims (Schools ONLY)	NSLP Admin Review (Schools ONLY)
Please indicate security question (
Please create a 4-Digit PIN:		
Please indicate which level of acces	ss you are requesting (check on	e of the three options only):
View Only (Can view information	on only) 🔲 District User/Data 🛛)irector (Can enter & save data)
Authorized Rep./Billing Entity U	Jser/Director (Can enter, save, &	certify forms/claims).
District/Data/View/Authorized Re Rep. below and a separate perso	· •	sign as an District/Data/View/Authorized 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