MSBA PROPAY ACCESS REQUEST FORM
DISTRICT/OPM USER

PLEASE PRINT CLEARLY

TODAY'S DATE: _____

TITLE: _____ **PHONE:** _____

NAME: _____

E-MAIL ADDRESS: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

DISTRICT NAME: _____

SCHOOLS FOR WHICH ACCESS IS REQUESTED (required for OPM Users):

School Name	*MSBA Project ID (if available)*
_____	_____
_____	_____
_____	_____

SYSTEM ACCESS REQUESTED:

PROPAY SYSTEM

☐ District User (Update) ☐ District User (Read-Only)

☐ PLEASE ALSO CHECK HERE IF THIS USER IS DESIGNATED AS DISTRICT'S PRIMARY PROPAY CONTACT

☐ OPM User for District (Update) ☐ OPM User for District (Read-Only)

I, _____, the Superintendent of Schools or Mayor/Town Administrators for the [Town/City/RSD] of _____ hereby authorize the above-named individual to access and use the MSBA online application as requested above, with the level(s) of access indicated. I understand that, should the above-named individual be granted access to this application, he/she will be solely responsible for access to the database(s) on behalf of [Town/City/RSD] _____, using the login ID and password provided by the MSBA.

Signed: _____, Superintendent of Schools

Please email a PDF of the completed form to the MSBA Audit Team at AuditTeam@massschoolbuildings.org

MSBA Use Only

APPROVED BY: _____ **DATE** _____

COMPLETED BY: _____ **DATE** _____