

Request for ADEConnect Entity Administrator Account

Entity/Organization Name:	CTDS Number:	
Complete and return this form to the Arizona Department of Education, Early Childhood. Upon receipt of this form, an ADEConnect Entity Administrator account will be created for the organization named above. The Entity Administrator will have authority to setup user accounts that will have access to EMAC, Grants Management and other ADE online systems. If the Designated Official chooses to delegate the responsibility of creating ADEConnect user accounts for their organization, that individual must be identified in the second box below. All organizations must have at least one Entity Administrator. All email addresses must be to an individual email account, not an organization wide account.		
PLEASE SELECT ONLY ONE OPTION:		
I am requesting to have an Entity Admir Designated Official Name: Designated Official Email Address: I am requesting to delegate Entity Admir Authorized Representative Name: Authorized Representative Email Addrese	nistrator Authority to the individual named below:	
By signing below, I am authorizing the Arizona Department of Education, Early Childhood to create an ADEConnect Entity Administrator account for the organization named above. If I have delegated the Entity Administrator authority to another individual by checking the second box above, I understand that this person will be given full rights to establish user accounts for other users and these accounts may have access to sensitive information. I further acknowledge that the information above is true and correct.		
Printed Name of Designated Official	Signature of Designated Official	Date
Printed Name of Authorized Representative	Signature of Authorized Representative	Date

Updated May 2023 | Early Childhood | Arizona Department of Education | This institution is an equal opportunity provider.

Complete, sign, and email this form to: PDGInbox@azed.gov