**Public Schools of North Carolina**

 **eMFTS (Managed File Transfer Service)**

**Request for DPI Application Access**

*(Use this form to request access to specific Web-based applications hosted by DPI*)

**1. Mark Requestor Type:** ☐ LEA ☐ Charter School ☐ Vendor ☐ CS Management Co

**2. Institution Name:** Click here to enter text.

**3. LEA/Charter School Number:** Click here to enter text.

**4. Institution Approving Officer Information (Named on the eMFTS On Board Document):**

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| --- | --- | --- | --- | --- |
| **Name:** | Click here to enter text. |  | **Phone:** | Click here to enter text. |

|  |  |
| --- | --- |
| **Email Address:** | Click here to enter text. |

**5. Fill in Requested Information:**

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| --- | --- | --- | --- | --- | --- |
| **Add Delete**  | **Last Name** | **First Name** | **NCID** | **Email Address** | **Phone Number** |
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Approving Officer please email form to: systems\_accounting@dpi.nc.gov

*(DPI Staff Only)*

**Comments:**