



**State of New Mexico
Public Education Department**

STARS Login Authorization Form

All fields are required. Fax the completed form to Jared Vigil at (505) 827-3986.

The account will not be created if the following are not provided:

1. User level authorization
2. Superintendent's signature

Name: _____

Title: _____

District: _____

School (if applicable): _____

E-mail address: _____

Phone number: _____

<p>Check user type:</p> <p><input type="checkbox"/> Student ID Number System <input type="checkbox"/> STARS Workflow Manger <input type="checkbox"/> STARS Decision Support Tools</p> <p>Workflow Manager User Level: <input type="checkbox"/> District level <input type="checkbox"/> Superintendent</p>	<p>Student ID number system user level:</p> <p><input type="checkbox"/> District level <input type="checkbox"/> School level <input type="checkbox"/> Superintendent Charter Director</p> <p>Decision Support Tools/Reports: <input type="checkbox"/> District level <input type="checkbox"/> School level</p> <p><input type="checkbox"/> Staff data <input type="checkbox"/> Student data <input type="checkbox"/> Financial data</p>
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If you have any questions about completing this form, please e-mail Jared Vigil: jared.vigil@state.nm.us

Superintend or Charter School Director:

Name /Title (please print)

Signature of Superintendent or Charter School Director

<p>To be completed by PED:</p> <p>STARS user ID: _____ Initial Password: _____</p>
