



MySped Resource

Account Registration/Update Form

This **MySped Resource** username and password will allow your district to access all Special Education online reporting applications. The password you choose must

- Be unique (districts cannot have the same password)
- Consist of at least eight (8) alphanumeric characters (letters and/or numbers)
- Have at least one (1) number
- Have no spaces, and
- Be all lowercase.

Please complete all fields and return to the Arkansas Department of Education, Special Education, Grants and Data Management.

By fax: 501-682-4313

By mail: 1401 W. Capital

Victory Building, Suite 450
Little Rock, AR 72201-2936

LEA Account Number (4 digit):

LEA Name (district name): _____

Password:

Password Hint: _____

Program Type: School Age Early Childhood Both

LEA Supervisor (print): _____

LEA Supervisor E-mail Address: _____

LEA Supervisor (signature): _____

Superintendent (print): _____

Superintendent E-mail Address: _____

Superintendent (signature): _____

Please retain a copy of this form for your records.