



Sponsor Name: _____

Participating Program: (Check All That Apply) NSLP CACFP SFSP

Sponsor Address: _____

Grant ID: _____

Phone Number: _____

Login IDs To Be Created

	FIRST NAME	LAST NAME	3 INITIALS	EMAIL	OCN Use Only	
					Login ID	Password
1						
2						
3						
4						
5						

Login IDs To Be Removed

	FIRST NAME	LAST NAME	EMAIL	Login ID
1				
2				
3				
4				
5				

The person(s) listed above have the authority to access ACES, WV Department of Education's Application, Claiming, and Evaluation System. If any of this information changes, I will notify the Office of Child Nutrition.

Signature of Authorized Representative

Date

Name of Authorized Representative

Title

Please Mail or FAX to:

**WVDE - Office of Child Nutrition
Electronic User Registration Form
1900 Kanawha Boulevard East, Bldg. 6 Room 248 B
Charleston, WV 25305
Fax: (304) 558-1149**