

# University of South Alabama Request for Access to the Student Information System

General Navigation Training:
Admissions Training:
Registrar Training:
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Date:			
Name:		Position/Title:	
Departmo	ent:	College:	
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Adr Adv Adv Cla	idemic History missions visors (Query Access) visors (Maint. Access) ss Schedule re there any other specific form ease list them below.	Facult Facult Gener	nt Demographic
III. Are there any specific forms for which you are requesting update access? Please list them below. Specify your reason for requesting this access.			
	cademic Affairs will review this r rs must be briefed on their respo		
o (l ir	tudent records are protected und f 1974, as amended. Students r Jniversity I.D. or driver's license) Iterest may view student records f Academic Affairs.	nay view their records on . University officials with	ly with proper identification legitimate educational
Requested by	signature):		Date:
Dean approval	(signature):	· · · · · · · · · · · · · · · · · · ·	Date:
University Registrar (signature): Date: _			Date:



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### **University of South Alabama Computer Services Center**

#### Statement of Confidentiality/Accountability

Before receiving access to university computing systems, you must read and agree to the following statement:

I understand that as part of my duties and responsibilities as an employee of the University of South Alabama, I may be given access to one or more administrative computer systems. The information contained in these systems may be of a private and confidential nature and I acknowledge it is my responsibility to maintain the privacy of these records.

Furthermore, I have read the Computer Center policy concerning security and understand all the requirements and guidelines stated therein. I understand I am responsible for NOT sharing any passwords to which I have access with any other individual and I will be held accountable for any invalid use of my user identification. I further acknowledge that my failure to follow these security guidelines will subject me to disciplinary action up to and including dismissal and possible legal action.

User's Signature:	Date:
User's Name (printed):	<del> </del>
User's Department (printed):	
User's Position (printed):	
	D. 4
CSC Approval:	Date:



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## AGREEMENT BY EMPLOYEE TO MAINTAIN CONFIDENTIALITY AND PRIVACY OF RECORDS PERTAINING TO STUDENTS, FACULTY, STAFF AND UNIVERSITY

l,	(print name), understand that in my capacity as			
an employee at the University of	South Alabama (USA), I may have access to confidential and			
private records of students, facult	y and staff and/or pertaining to the University. I understand that,			
under federal law and university	y policy, student records are protected from disclosure to third			
parties unless pursuant to narrow	exceptions and that other confidential records must not be			
disclosed.				
I agree to maintain the confidentiality and privacy of all such records during and after my period(s) of				
employment at USA. I shall not, d	irectly or indirectly, communicate to any person other than my			
supervisor, or an individual approv	ved by my supervisor, any information concerning such records. I			
understand that any such disclos	sure may be grounds for termination, prohibition of future			
employment and/or dismissal fror	m USA.			
Employee Name (printed):				
Employee Signature:				
Date:				

Please provide a copy to the employee and maintain original in the department's files.