



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

General Navigation Training: \_\_\_\_\_

Admissions Training: \_\_\_\_\_

Registrar Training: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

J#: J00 \_\_\_\_\_

Position/Title: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

## I. Role Requested

\_\_\_\_\_ Academic History

\_\_\_\_\_ Admissions

\_\_\_\_\_ Advisors (Query Access)

\_\_\_\_\_ Advisors (Maint. Access)

\_\_\_\_\_ Class Schedule

\_\_\_\_\_ Course Catalog

\_\_\_\_\_ Common

\_\_\_\_\_ Faculty Manage (General)

\_\_\_\_\_ General Reports

\_\_\_\_\_ Registrar (General)

\_\_\_\_\_ Student Demographic

\_\_\_\_\_ HelioCampus view only

## II. Will the user perform the same role as a current/former user?

Current/Former User: \_\_\_\_\_ J#: J00 \_\_\_\_\_

## III. Are there any other specific forms for which you are requesting view access? Please list them below.

## IV. Are there any specific forms for which you are requesting update access? Please list them below. Specify your reason for requesting this access.

The Office of Academic Affairs will review this request and contact you. To receive authorized access, all users must be briefed on their responsibilities and sign a confidentiality/accountability statement.

Please Note: Student records are protected under the Family Educational Rights and Privacy Act of 1974, as amended. Students may view their records only with proper identification (University I.D. or driver's license). University officials with legitimate educational interest may view student records only through consent of the Senior Vice President of Academic Affairs.

Requested by (signature): \_\_\_\_\_

Date: \_\_\_\_\_

Dean approval (signature): \_\_\_\_\_

Date: \_\_\_\_\_

University Registrar (signature): \_\_\_\_\_

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): \_\_\_\_\_

J#: J00 \_\_\_\_\_

User's Department (printed): \_\_\_\_\_

User's Position (printed): \_\_\_\_\_

CSC Approval: \_\_\_\_\_

Date: \_\_\_\_\_



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

I, \_\_\_\_\_ (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, faculty and staff and/or pertaining to the University. I understand that, under federal law and university 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, directly or indirectly, communicate to any person other than my supervisor, or an individual approved by my supervisor, any information concerning such records. I understand that any such disclosure may be grounds for termination, prohibition of future employment and/or dismissal from USA.

Employee Name (printed): \_\_\_\_\_ J#: J00 \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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