



# Office of the Registrar Module Security Authorization Form

Effective Date:	Temporary Access: FROM	TO
<input type="checkbox"/> NEW Access	<input type="checkbox"/> CHANGE Access	<input type="checkbox"/> DELETE Access
Name (please print):	Employee ID#:	eCampus ID#:
Position :	Department:	E-Mail:
		Extension:

Academic Career		
<i>(Please check the appropriate career(s) to which you need access)</i>		
<input type="checkbox"/> Education, Counseling Psychology & Pastoral Ministries	<input type="checkbox"/> Law	<input type="checkbox"/> Continuing Education
<input type="checkbox"/> Graduate Engineering	<input type="checkbox"/> Graduate Business	<input type="checkbox"/> Undergraduate
Role of User		
<input type="checkbox"/> Athletics Staff	<input type="checkbox"/> Graduate Level Power User	<input type="checkbox"/> Office of the Registrar Office Student Worker
<input type="checkbox"/> Department Administrative Assistant	<input type="checkbox"/> Graduate Level Student Worker	<input type="checkbox"/> Orradre Library Staff
<input type="checkbox"/> Department Chair	<input type="checkbox"/> Office of the Registrar Office Staff	<input type="checkbox"/> IT Staff
<input type="checkbox"/> Faculty/Advisor	<input type="checkbox"/> Office of the Registrar Power User	<input type="checkbox"/> Other (Please specify below)
Explanation:		

To insure the privacy of student data,

**I will:**

- Access, distribute, and share student data, including test data, only as needed to conduct University business as specified in my job responsibilities.
- Respect the confidentiality and privacy of individuals whose records or data I access.
- Observe any ethical restrictions that apply to data to which I have access.
- Protect my security authorization (user ID and password) and be personally accountable for all work performed under my security access.
- Protect confidential information displayed on my workstation monitor.
- Report knowledge of security breaches.
- Comply with all department and University security policies and procedures.

**I will not:**

- Discuss verbally or distribute in electronic or printed formats confidential student data except as needed to conduct University business as specified in my job responsibilities.
- Knowingly falsely identify myself.
- Gain or attempt to gain unauthorized access to student data or University computing systems.
- Share my user ID(s) and password(s) with anyone.
- Leave my workstation unattended or unsecured while logged into University computing systems.
- Use or knowingly allow other persons to use student data for personal gain.
- Make unauthorized copies of student data.
- Engage in any activity that could compromise the security or stability of student data.

**I UNDERSTAND THAT BREACH OF THIS CONTRACT MAY RESULT IN TERMINATION OR OTHER APPROPRIATE DISCIPLINARY ACTION**

I have reviewed the information on the SCU FERPA website and taken the self test: <a href="http://www.scu.edu/ferpa">www.scu.edu/ferpa</a> YES ____ NO ____		
I have attended any required system training necessary to perform my duties: YES ____ NO ____ Name of Trainer:		
I need training. YES ____ NO ____ If yes, Office of the Registrar will contact you.		
Your signature:		Date:
Supervisor's name (please print):	Supervisor's Signature :	Date:
<ul style="list-style-type: none"> <li>• YOUR SIGNATURE INDICATES THAT YOU HAVE READ, UNDERSTOOD AND WILL ABIDE BY THE PRIVACY REGULATIONS PROTECTING STUDENT DATA.</li> <li>• SUPERVISOR AGREES TO MONITOR AND SUPERVISE APPROPRIATE SYSTEM ACTIVITY.</li> </ul>		

*Please return this form to the Office of the Registrar, Walsh Administration Building. Retain a copy for your records.*

FOR DEPARTMENTAL USE ONLY		
Office of the Registrar Approval:	Date Approved:	Comments: <input type="checkbox"/> HERPT Access
Systems Manager:	Date Entered:	Security Classes:
Operator ID:	<input type="checkbox"/> Password assigned	<input type="checkbox"/> Notified user
		Date: