Office of the Registrar Module Security Authorization Form

Santa Clara University

Effective Date:	Temporary Access: FROM	TO

❏ NEW Access	❏ CHANGE Access	❏ DELETE Access

Name (please print):	Employee ID#:	eCampus ID#:	E-Mail:

Position :	Department:	Extension:

Academic Career
(Please check the appropriate career(s) to which you need access)

❏ ARTS [] JST	❏ Law [] OLAW	❏ CP or EDUC
❏ Graduate Engineering	❏ Graduate Business	❏ Undergraduate

Role of User

❏ Athletics Staff	❏ Graduate Level Power User	❏ Office of the Registrar Office Student Worker
❏ Department Administrative Assistant	❏ Graduate Level Student Worker	❏ Orradre Library Staff
❏ Department Chair	❏ Office of the Registrar Office Staff	❏ IT Staff
❏ Faculty/Advisor	❏ Office of the Registrar Power User	❏ 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 at: www.scu.edu/ferpa 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:

- YOUR SIGNATURE INDICATES THAT YOU HAVE READ, UNDERSTOOD AND WILL ABIDE BY THE PRIVACY REGULATIONS PROTECTING STUDENT DATA.
- SUPERVISOR AGREES TO MONITOR AND SUPERVISE APPROPRIATE SYSTEM ACTIVITY.

Scan completed and signed document to registrar@scu.edu.   Retain a copy for your records.

FOR DEPARTMENTAL USE ONLY		
Office of the Registrar Approval:	Date Approved:	Comments: [] HERPT Access
Systems Manager:	Date Entered:	Security Classes:
Operator ID:	❏ Password assigned	❏ Notified user	Date:

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