



Office of the Registrar Module Security Authorization Form

Department Generic Student Worker Access
(Student Supervisor please complete form)

Effective Date:

☐ NEW Access

☐ DELETE Access

Name of Student Supervisor:(please print):

Employee ID#:

eCampus ID#:

E-Mail:

Position :

Department:

Extension:

Academic Career

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

☐ Education, Counseling Psychology & Pastoral Ministries

☐ Law

☐ Continuing Education

☐ Graduate Engineering

☐ Graduate Business

☐ Undergraduate

Role of User

☐ Department Student Worker Generic Role

The Student Supervisor is responsible for the generic student worker account and agrees to change the password with each student worker replacement. In addition, the Student Supervisor agrees to insure that each student worker agrees to:

To insure the privacy of student data,

you will ensure that the student worker will:

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

you will ensure that the student worker will not:

- Discuss verbally or distribute in electronic or printed formats confidential student data except as needed to conduct University business as specified in their job responsibilities.
- Knowingly falsely identify themselves.
- Gain or attempt to gain unauthorized access to student data or University computing systems.
- Share their user ID(s) and password(s) with anyone.
- Leave their 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

Department Student Supervisor agrees to have each student worker review the information on the SCU FERPA website and take the self test: www.scu.edu/ferpa YES _____ NO _____ Department Student Supervisor agrees to provide each student worker with a Student Assistant Confidentiality Statement , obtain signature and keep on file.

Department Student Supervisor agrees to provide any required system training necessary to perform student worker duties: YES _____ NO _____

Department Student Supervisor's name (please print):

Department Student 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.

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:

Systems Manager:

Date Entered:

Security Classes:

Operator ID:

☐ Password assigned

☐ Notified user

Date: