Division of Enrollment Services

EMORY UNIVERSITY

General Student Information System Access Request Form

A

POLICY:

- This is a *request for access* to and/or use of Student Data that must be approved by the University Registrar's Office. I understand the regulations governing the use and/or release of data from the Student Information system and agree to follow the regulations set forth in the University's Policy on the Confidentiality and Release of Information about Students and the Family Educational Rights and Privacy Act of 1974 (FERPA) as amended. A copy of the University policy is located on the Registrar's Web page at: http://www.registrar.emory.edu/students/ferpa.html. This form serves as request for general levels of access.

1. *PLEASE PROVIDE THE FOLLOWING INFORMATION:*

   FULL NAME: _____ **EMPLID:** _____

   TITLE: _____ **Network ID:** _____

   DEPARTMENT/SCHOOL: _____

   CAMPUS PHONE: _____

   EMAIL ADDRESS: _____

2. *PLEASE CHECK OFF THE ACCESS REQUESTED:*

   STUDENT RECORDS ACCESS:
   - _____ Enrollment History
   - _____ Grades
   - _____ Unofficial Transcript
   - _____ Class Rosters
   - _____ Course Permission Numbers
   - _____ Student Enrollment (Add/Drop/Swap)
   - _____ Student Schedule
   - _____ Student Directory Information
   - _____ Student Demographic Information

   OTHER AREA ACCESS:
   - _____ Admissions:
     - _____ Career (UCOL, UOXF, etc.)
     - _____ Role (Power, Counselor, Data entry)
   - _____ Financial Aid
   - _____ Student Financials
   - _____ Housing Access (Ops/Fin/Reslife?)
   - _____ Other (please attach form A+)

3. *IS THIS USER REPLACING SOMEONE?* _____ *IF YES, THEN WHOM?* _____

   SHOULD THIS USER HAVE SECURITY WHICH MIRRORS ANOTHER EMPLOYEE IN YOUR DEPARTMENT?

   YES / NO   *IF YES, THEN WHOM?* _____

4. *HOW WILL THIS INFORMATION BE USED BY THE EMPLOYEE?* _____

   _____

   _____

   _____   _____
   User's signature   **Date**

   _____   _____
   Authorized Official's Name (please print)   **Authorized Official's Title**

   _____   _____
   Authorized Official's Email   **Authorized Official's Signature   Date**

This form supports the requested access for the named individual. User names and passwords should not be shared. This form or the renewal form (as appropriate) must be executed on a yearly basis or if there is a personnel change.

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