



# Division of Enrollment Services

## General Student Information System Access Request Form



### 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. For more advance or specific access please also fill out a supplemental access request form.

### 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 VIEW 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)
- \_\_\_\_\_ 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. Usernames 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.