

Rights to Data *(New/Changed Database Users)*

Department

Employee

Extension

Date

Complete Section A and/or Section B below:

Section A – for replacement or identical rights

Employee Replaces (same rights as prior employee above)

Requesting same rights as current employee (above)

Section B – for “New” or “Additional” rights for Current employee or New employee

Records	Information			Access Type	
	Demographic	Financial	Academic	Read Only	Update
Department					
Admission					
Alumni					
Bus – A/R					
Bus – A/P					
Bus – G/L					
Development					
Financial Aid					
Employee					
Housing					
Registrar					
Vendor					

Any other specific information (please describe)

I understand that this information may be of a sensitive nature and that strict confidentiality must be maintained. I further understand that the violation of his understanding may result in disciplinary action.

(Print Employee Name)

(Employee Signature)

(Date)

(Print Supervisor Name)

(Supervisor Signature)

(Date)

(Print Custodian Name)

(Custodian Signature)

(Date)

For IT use only:

Access granted by:

(IT Staff Member Signature)

(Date)

Notes: _____

