

SRSU APPLICATION FOR ADMINISTRATIVE SYSTEMS SECURITY ACCESS

Instructions: Refer to Section 1.3 of the Data Standards Document before completing form. Complete all sections. Send completed form to dataowners@sulross.edu.

Section 1 – User Information

ACCESS REQUEST FOR: _____ DIVISION/DEPT: _____
(Please print name)

JOB TITLE: _____ WORK PHONE NO: _____ EMAIL ADDRESS: _____ CAMPUS ADDRESS: _____

EMPLOYMENT STATUS: _____ CONTINUING TEMP/STUDENT

Section 2 – Access Information

MODULES: Check all that apply and provide detailed information and justification below

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Banner Advancement | <input type="checkbox"/> Finance Self-Service | <input type="checkbox"/> Advancement Reporting | <input type="checkbox"/> Fin Aid Imaging |
| <input type="checkbox"/> Banner Finance | <input type="checkbox"/> Advisor Self-Service and Degree Works | <input type="checkbox"/> Finance Reporting | <input type="checkbox"/> HR Imaging |
| <input type="checkbox"/> Banner Fin Aid | | <input type="checkbox"/> Fin Aid Reporting | <input type="checkbox"/> Student Imaging |
| <input type="checkbox"/> Banner HR | | <input type="checkbox"/> HR Reporting | <input type="checkbox"/> FTP |
| <input type="checkbox"/> Banner Student | | <input type="checkbox"/> Student Reporting | |

Purpose for access (describe in detail why this access is requested and information is needed in your work):

Personnel, student, financial, and medical information contained within the University's information systems is considered confidential. Access to this information is limited to those individuals whose position requires use of this information. By signing the statement below, you are acknowledging your acceptance and adherence to the confidentiality requirements imposed by federal, state and institutional policy. If you should ever be uncertain about what constitutes legitimate use or release of information, refer the inquiry to the appropriate data owner.

I understand that by virtue of my position at Sul Ross State University, I may have access to data which is confidential and is not to be disclosed to any person or entity without appropriate authorization, subpoena, or court order. In order to access confidential information, I agree to adhere to the following guidelines:

1. I understand and acknowledge that improper or inappropriate use of data in the University's Information Systems is a violation of University procedures and it may also constitute a violation of federal and state laws.
2. I will not provide confidential information to any individual or entity without proper authorization.
3. I will not review records or files for which I do not have a legitimate need to know in order to perform my duties.
4. I will not remove confidential information from University facilities except as specifically authorized to do so.
5. I will not make copies of any records or data except as specifically authorized in performance of my duties.
6. I will not share my user id and password with anyone, including my support staff (if applicable).
7. I will not use the data for personal use or for commercial purposes.
8. I will refer all requests for information from law enforcement, governmental agencies, and other external entities to the Office of the Provost, or those departments that have been authorized to respond to such requests.
9. I will refer external requests for all University statistical, academic or administrative data to the Office of Institutional Research and Effectiveness, Office of the Records and Registration, or those departments that have been authorized to respond to such requests.
10. Should I become aware of any unauthorized access to confidential data, I agree to report this information immediately to my supervisor or to the Director of Records and Registration.
11. I understand that any improper or inappropriate use of data in the University's information systems may result in the removal or access privileges and could also result in appropriate administrative action, including but not limited to disciplinary action and termination.
12. I have read the SRSU Information Security Policy and agree to assist in its enforcement.

Section 3 – Required Signatures

USER _____ / _____ A-NUMBER _____ DATE _____
Signature Print Name

Your signature above signifies your agreement to abide by all data standards and the compliance statement. Training is required before access to Banner is granted. User will be notified of required trainings.

SUPERVISOR _____ / _____ DATE _____
Signature Print Name

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Section 4 – Approval Information

Advancement

- Approved
- Denied
- Not Applicable

Reason for decision and notes: _____

Advancement Data Owner ()
Date

Finance

- Approved
- Denied
- Not Applicable

Reason for decision and notes: _____

Finance Data Owner ()
Date

Fin Aid

- Approved
- Denied
- Not Applicable

Reason for decision and notes: _____

Fin Aid Data Owner ()
Date

HR

- Approved
- Denied
- Not Applicable

Reason for decision and notes: _____

HR Data Owner ()
Date

Student

- Approved
- Denied
- Not Applicable

Reason for decision and notes: _____

Student Data Owner ()
Date