



Division of Enrollment Services



Supplemental 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/ferpa/ferpa.htm>. This form serves as request for heightened levels of access and should be submitted attached to a General OPUS Access Request Form (Form A).

1. PLEASE PROVIDE THE FOLLOWING INFORMATION:

FULL NAME: _____ EMPLID: _____
TITLE: _____ Network ID: _____

2. PLEASE COMPLETE THE FOLLOWING, WHERE APPROPRIATE:

- _____ Department Student Records Liaison
- _____ School Student Records Liaison
- _____ Checklists, Comments, Communications (list type) _____
- _____ Query Run Access (list type) _____
- _____ Health Insurance Administrator Access
- _____ Interface access (list type) _____
- _____ Advanced Enrollment Access (list type) _____
- _____ Academic Advisement Setup
- _____ Other (list type and Explain) _____
- _____
- _____
- _____
- _____
- _____

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

User's signature

Date

Supervisor's Signature and Title

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.