University of Houston-Clear Lake

CS Security Update Access Request Form

SUPERVISORY PERSONNEL must complete this form. Consult with your supervisor and the Student Administration Management Team for Role assignments PRIOR to submitting the form for processing. Note: This form is not for Financials or HR access. This form is to be used when requesting additional security only.

Last Name: ________________________________ First Name: ________________________________ Middle Initial: ________ User ID: __________________

Job Title: ______________________________________________________________

Employee’s Campus Email Address: _______________________________________

APPROVALS

Supervisor/ Manager Signature: ________________________________________________Date:________________________________

Please Note: An automated process will remove administrative access when a person transfers to a new position or terminates from an existing position. Self-Service access to P.A.S.S. and access to any of your personal student data will remain.

Data Access Display Update

Set Search Screens to display ONE of the following: ☐ No SSN&Birthdate ☐ Partial SSN&Birthdate ☐ Full SSN&Birthdate

**Full SSN access requires Registrar’s approval : _________________________________

Data and Role Permissions Update Request: ☐ View Only Access ☐ Update Access

Indicate Page or Navigations to be added to user security:

Query Access:
☐ Query Viewer (for running queries)
☐ Query Manager (for running and creating queries)**

**Query Manager will require that user attends training prior to approval.

Confidentiality Statement

I understand that data obtained from any UHS system is to be considered confidential and to NOT be shared with anyone not previously authorized to receive such data.

Student Administration Application Privacy Warning

I understand that most student information is classified as confidential under the Family Education Rights and Privacy Act of 1974. Student’s records are released for use by faculty and staff for authorized campus-related purposes on a need-to-know basis. The release of records for non-campus, non-academic or non-administrative use occurs only with the student’s knowledge and consent or where required by law or when subpoenaed.

I understand that public information on a record that may be released upon request includes name, address, telephone number, date of birth, major and minor fields of study, dates of attendance, degree(s) received, the most recent previous educational institution attended, and participation in officially recognized activities and sports, weight and height for athletes only. (Students who do not wish this information to be released are responsible for notifying UHS.) Presence of a "Withhold Public Information" flag within a system indicates that no information regarding the student can be released without the student’s permission.

I have read and understood the information on this form. I agree to comply with the rules as stated therein:

Employee’s        Print
Signature: ___________________________________ Name: ___________________________________ Date: ___________

For Office use only:
Date Received Form/Uploaded: _____________Campus Security Administrator Signature: ___________________________________________

SF access approval (SBS Director): ___________________________ FA access approval (Exec Director, FA): ___________________________

Role(s) Added

Data Permissions Added

Last Update 2/9/2015
Version 3.0