

Office of the Registrar • 201 S 1460 E RM 250 N • Salt Lake City UT 84112 • 801-581-3737 • 801-581-5919 fax

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Instructions: Fill out the following form by checking the appropriate box(es) and acquiring the appropriate signatures. Please return the

completed form to the Registr	ar's Office, Student Systems Division, 2	50 N SSB, email: s	tudentsystems@utah	.edu, or fax 801-581-5919.	
Employee Information:					
Last Name	First Name	Middle	Name		
Campus Email	Department		_ Phone		
Department Official's Infor	mation:				
First & Last Name	Department _		Phone	Date(MM/DD/YYYY))
The access you are requesting a	llows you to view and/or modify student i	information govern	ed by the Family Educa	ational Rights and Privacy Act.	
the proper access and release of the records as defined in the Pri employee and student records a	dge that I have reviewed the FERPA Guide of student educational record information vacy Regulation. I also affirm that I have r and files as described in Policy and Proced and/or dismissed from employment in acc	. I also certify that lead and will complure Manual # 4-00	I am a school official wiy with the provisions for and 4-004. I understa	th a legitimate educational inter or security and confidentiality of	est in
Signature of Person Requestin	g Access	Signature of Depa	rtment Official Verify	ng Eligibility	
Should this replace a price	or employees access? No	Yes If	yes, who		
Select Access Request	Type: New U	Ipdate Current	access	Delete Existing access	
Indicate Access Reque	st Level: View Student E	Exceptions	Enter & View	Student Exceptions	
*Note: Security to Generate the DARSVIEW operator of	e and View Audits must be requesto lass.	ed via the Stude	nt Records Authoriz	ation (or Change) form. Rec	quest
List the Degree Progra	ms: e.g. MJ-MATH, MJ-SOC., MN-	SPANMIN, etc. (500 character max	imum)	
Office Use Only					
FERPA Date:	M/DD/YYYY)				
Signature: Data Steward		Date: _	(MM/DD/YYYY)		
Signature: Application Secu	urity	Date:	(MM/DD/YYYY)	User Notified	