

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 Registrar's Office, Student Systems Division.

Employee Information:			
Last Name	First Name	Middle Name	uNID
Campus Email	Department	Phone	
Job Title			(MM/DD/YYYY)
Department Official's Informat	ion:		
First & Last Name	Dept	Phone	
The access you are requesting allows you	to view and/or modify student inform	nation governed by the Family Educat	(MM/DD/YYYY)
proper access and release of student educated defined in the Privacy Regulation. I also a and files as described in Policy and Procemissed from employment in accordance w	ational record information. I also certifirm that I have read and will compl dure Manual # 4-001 and 4-004. I und with University Policy 5-111.	ify that I am a school official with a le y with the provisions for security and derstand that if found in violation of th	nderstand my obligations under FERPA for the egitimate educational interest in the records as confidentiality of employee and student records his agreement, I can be disciplined and/or dis-
Signature of Person Requesting Access Signature of Department Official Verifying Eligibility			
Should this replace a prior em		Yes If yes, who Jpdate Current access	Delete Existing access
Transferology Security Op	otions:		
General Access including	Transfer Equivalencies, Repla	acement Courses, Course Bund	lles, Programs
Transfer Specialist and School Administrator (for Degree Audit Staff)			
Transfer Equivalency Syst	tem (TES) Security Opt	tions:	
Course Finder (access cou	•	escriptions and submit equival	encies, ONLY for Articulation Officials)
Office Use Only			
FERPA Date:			
Signature: Data Steward		_ Date:	_
Signature: Application Security _		Date: (MM/DD/YYYY)	User Notified