CourseLeaf CLSS Security Authorization Form   THE UNIVERSITY OF UTAH

➢ Is this access intended to replace another
employee's access that should be discontinued? ☐ YES ☐ NO   If yes, who: _____

Applicant Name: _____

UID #: _____ Email: _____

Office Phone #: _____ Department & Position: _____

Supervisor Name: _____ Supervisor Phone #: _____

Supervisor Signature: _____

PRIVACY REGULATIONS: See the University of Utah Regulations, **Policy 4-001: University Institutional Data Management Policy**
(available at: http://www.regulations.utah.edu/it/4-001.html)

☐ Yes, I have read and will comply with the provisions for security and confidentiality of student records and files as described below. I also certify that I am a school official with legitimate educational interest in the records as defined in the Privacy Regulations. I understand that in accordance with the University of Utah Regulations, **Policy 5-111: Corrective Action and Termination Policy for Staff Employees** (http://www.regulations.utah.edu/humanResources/5-111.html), I can be disciplined and/or dismissed from employment if found to be in violation of this agreement.

I will:
- Access, distribute, and share student data, including test data, only as needed to conduct University business as specified in my position description.
- Respect the confidentiality and privacy of individuals whose records or data I access.
- Observe any ethical restrictions that apply to data to which I have access.
- Protect my security authorizations (user ID(s) and password(s)) and be personally accountable for all work performed under my security authorization.
- Protect confidential information displayed on my workstation monitor.
- Report knowledge of security breaches.
- Comply with all department and University security policies and procedures.

I will not:
- Discuss verbally or distribute in electronic or printed formats confidential student data except as needed to conduct University business as specified in my position description.
- Knowingly falsely identify myself.
- Gain or attempt to gain unauthorized access to student data or University computing systems.
- Share my user ID(s) and password(s) with anyone.
- Leave my workstation unattended or unsecured while logged-in to University computing systems.
- Use or knowingly allow other persons to use student data for personal gain.
- Make unauthorized copies of student data.
- Engage in any activity that could compromise the security or stability of student data.

Applicant
Signature: _____

Date:

_____

User Access: Which profile are you requesting?	
	System User Access - If yes, which subject code(s) are you requesting access to?
	View-Only Access - Access to view all departments across the university

Security Coordinator Signature: **Authorized Scheduling Office Signature:**

_____   _____
Novak, Jessica   Johnson, Elizabeth

CLSS ID: **Date Access Granted:**   **Profile Granted:**