MARS-WEB Security Authorization Form

Signature of Person Requesting Access	Employee ID	Phone Number	Date
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Print/Type Name of Person Requesting Access	Email Address Signature of Department Official Verifying Eligibility		
Department			
Briefly state your legitimate educational interest in the N	MARS records:		
Is this access intended to replace access previously granted to	another employee who	has left the U or changed	l responsibilities?
O Yes O No If yes, who? Name		Employee ID	
The access you are requesting allows you to view and/or mod Act.	dify student information	governed by the Family	educational Rights and Privacy
The access you are requesting is a print image of the students' student records. Therefore, if you do not have a legitimate edu confidential information, do not submit this request . If in do	ucational interest in a st	udent's grades, courses,	GPA, transfer credit, and similar
By signing this form, you affirm that you are a University of I student data. You also affirm that you have read and will co student records and files as described in Policy and Procedur disciplined and/or dismissed from employment in accordance	mply with the provisio re Manual # 1-12 and 1	ns for the security and a 1-18. If found in violatio	confidentiality of employee and

REGISTRAR'S OFFICE USE ONLY

Data Steward Approval

Applications Security Administrator

Please return the completed form to the Registrar's Office Attn: Clint; 250N SSB or fax to 801-581-5919

Date

Date