

ASTRA 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?				
<input type="checkbox"/> 72/73 Conf	<input type="checkbox"/> EDU User	<input type="checkbox"/> HPR User	<input type="checkbox"/> PHARM User	<input type="checkbox"/> Reporting Role
<input type="checkbox"/> BUSN SFEBB	<input type="checkbox"/> EHSL	<input type="checkbox"/> HPR NAT User	<input type="checkbox"/> RAB User	<input type="checkbox"/> Other:
<input type="checkbox"/> CECE User	<input type="checkbox"/> FP MD	<input type="checkbox"/> HSEB User	<input type="checkbox"/> SOM HSEB	<input type="checkbox"/>
<input type="checkbox"/> CMES User	<input type="checkbox"/> Garder Commons	<input type="checkbox"/> ITS User	<input type="checkbox"/> SPWC	<input type="checkbox"/>
<input type="checkbox"/> CSC	<input type="checkbox"/> Garff	<input type="checkbox"/> M LI User	<input type="checkbox"/> SW User	<input type="checkbox"/>
<input type="checkbox"/> DENT	<input type="checkbox"/> HPEB User	<input type="checkbox"/> NURS CNB	<input type="checkbox"/> THEA	<input type="checkbox"/>
Security Coordinator Signature:		Authorized Scheduling Office Signature:		
_____		_____		
Novak, Jessica		Johnson, Elizabeth		
Astra ID:	Date access Granted:	Role(s) Granted:		