

TC3 Administrative Network/Data Access Form: Part 1

(Return completed form to Academic Records Mail Code 145)

Name _____ Department _____

Title _____ Supervisor _____

TC3 ID 50812897 _____ User ID (initials) _____ Access effective: ____/____/____
 (students - from your TC3 card; employees from HR) mm/dd/yyyy
For temporary employees- Access End Date: ____/____/____

Circle all applications required to perform the functions of this position and indicate whether the access should be Read Only (R) or Read/Write (W)

- | | | |
|---|--|---|
| <input type="checkbox"/> [R W] TC3 email
<input type="checkbox"/> [R W] myInfo (Faculty, adj adjunct, other – specify)
<input type="checkbox"/> [R W] Imaging
<input type="checkbox"/> [R W] TC3 databases
<input type="checkbox"/> [R W] network folders | <input type="checkbox"/> [R W] Financial Aid
<input type="checkbox"/> [R W] Accounting System – Bus. Off.
<input type="checkbox"/> [R W] Data Analysis (not yet available) | PowerCampus
<input type="checkbox"/> [R W] Admissions
<input type="checkbox"/> [R W] Academic Records
<input type="checkbox"/> [R W] Student Billing
<input type="checkbox"/> [R W] Advancement
<input type="checkbox"/> [R W] Cash Receipts |
|---|--|---|

*Please **describe** the duties to be performed on a computer by this person:

REQUIRED SIGNATURES:

I have reviewed the access necessary for this employee and ask that it be given as appropriate.

 Supervisor Date

This employee is granted access to the appropriate records that are requested from my department.

 person responsible for data ** Date

This employee is granted access to student records. This employee has Part 2 of the form on file with the Academic Records Office.

 College Official Date

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**director of development, director of financial aid, director of budget and finance, associate dean of enrollment services, web associate, others as appropriate.

Academic Records Use Only

	Received by	Date Received	Date Processed	Date Notified
AR				
IT				

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TC3 Administrative Network/Data Access Request: Part 2

Name: _____ Mid. Initial__ Supervisor : _____

Title/Position: _____ Department: _____

ID # 50812897 _____ (students - from your TC3 card; employees from HR)

Terms for TC3 Administrative Network/Data Access

All users of the Campus Network must abide by The College's Computer Use Protocol. This is available from the Information Technology Department or on our website TC3.edu.

Each person approved for access is responsible for security of his/her password and protection of information. All transactions on the Campus Network are linked to a person's user ID and password. At no time should any individual share his/her password with another person (including the IT department), display the password in public view, or install the password as a macro function.

Further, it is the expressed understanding of the Registrar that Student Records information available through access will be employed only for the purpose for which it is requested and will not be released to any other individual or office for another purpose. A person having access to student records should be aware that there are possible civil sanctions and College disciplinary action for violating records privacy agreements.

FERPA (Family Education Rights and Privacy Act) requires all persons accessing confidential or restricted student data to guarantee that they will maintain data about individual students in a secure fashion, such that it cannot be viewed—by screen access, file access or in printed form—by unauthorized individuals. Although it is allowable to print a report or screen of confidential information for authorized recordkeeping or advising purposes, the user should not release the printed information to other individuals or offices. Any personally identifiable confidential data contained in print form or on computer files which are no longer needed should be destroyed in such a way that identification of a student is not possible.

As part of the request process, each person granted access must read and sign this agreement acknowledging an understanding of his/her responsibilities for password security and maintaining the confidentiality of the data that he/she accesses. This signed agreement is kept on file by the Academic Records Office.

Each person granted access is also responsible for equipment security, which includes password sign-on and sign-off procedures and the proper placement of the equipment so that the screen cannot be viewed from a public location.

ACCEPTANCE OF RESPONSIBILITY

I understand my acceptance of access to the Campus Network and potentially confidential data signifies I accept the responsibility for complying with the institutional policy and procedures for the Release of Student Information and Computer Use Protocol. I have been given copies of and read these documents. By my signature below, I understand and agree to preserve the security and confidentiality of information I access.

I will also inform the IT Department (who will inform the Academic Records Office) when my need to access student and course data differs from that stated in this Access Request document.

I understand I am responsible for the personal security of my password.

Signature of TC3 Employee

Date