



BETHUNE-COOKMAN UNIVERSITY IT ACCESS REQUEST FORM AND CONFIDENTIALITY AGREEMENT

INSTRUCTIONS: Please complete the first section of this form. Specify which request type and the access category you are requesting. If you are requesting access to Jenzabar EX, you can either indicate what module and functions you will be using or reference someone in your department with the same or similar job description. Type his/her name in the *Reference EX User field*.

<u>Department</u>	<u>Employee Type</u>	<u>Request Type</u>
	Faculty Staff	Create (New Employee) Modify (Existing Employee)

<u>B-CU ID</u>	<u>Name (Last, First, Middle)</u>	<u>Position/Title</u>	<u>SSN (last 5 digits)</u>
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<u>Access Type</u>	Faculty Wildcat Web Access	Staff Wildcat Web Access	Advisor Wildcat Web Access
	Email Address	Telephone	ID Card ONLY

Jenzabar EX (Specify what module and function on the lines below)

Module: _____

Function(s): _____

Reference EX User: _____

Bethune-Cookman University in the conduct of its normal business collects, maintains and archives confidential academic information on students. The University, under the Family Education and Privacy Act (FERPA) of 1974, as amended, is responsible for maintaining and protecting the confidentiality of students' records and is specifically prohibited from releasing non-directory information to third parties without the student's written consent. The act, however, permits access to confidential information by University officials who by the nature of their job have a legitimate "need to know". You have been identified as an employee requiring access to confidential students' records information. Access to confidential students' records is granted to assist you in conducting your business on behalf of the University and its students. Accepting this access makes you responsible and liable for maintaining this confidentiality. Under no circumstances should you disclose your personal password to another individual or share sensitive student records data beyond the "need to know" established by FERPA.

Persons who violate the confidentiality of students' records are subject to disciplinary action.

I have read the above statement and understand my responsibilities to maintain the confidentiality of students' record information.

My signature below signifies my acceptance of this obligation.

Employee Signature

Date

Supervisor's Signature

Date

Supervisor/Module Manager/Dept Head (Please Print)

Phone Number