



BETHUNE-COOKMAN UNIVERSITY IT ACCESS REQUEST FORM AND CONFIDENTIALITY AGREEMENT

INSTRUCTIONS: Your manager and yourself should complete and sign this form, then submit it to the HR office for approval. For Jenzabar One potential user, please indicate the access level needed based on your position/duties.

Department/Division

Employee Type

Request Type

Personal Email (Required)

Location

Office Room #

BCU ID

Name [Last, First Middle]

Position/Title

SSN [last 5 digits]

Access Type

Faculty Wildcat Web	Staff Wildcat Web	Advisor Wildcat Web	Zoom
Email Address	Telephone ext. _____	ID Card ONLY	Adobe (All Suites)

User Type (Jenzabar One potential users ONLY)

Power User Module Manager Regular User

Jenzabar Modules (Select according to duties)

Registration	Advising	Financial Aid	Account Receivable	Personnel
StarRez	General Ledger	Account Payable	Purchasing	Budget Fixed Assets
Admissions	WildcatBot	InfoMaker	Student Life	Notepad

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 nondirectory information to third parties without the student's written consent. The act, however, permits access to confidential information by University's 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 student's records are subject to disciplinary action.

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

Mysignature below signifies my acceptance of this obligation.

Employee Name	Signature	Date
Supervisor's Name	Signature	Date
Supervisor /Module Manager /Dept Head (Please Print)	Signature	Date
HRAdministrator Name	Signature	Date