

# UW OSHKOSH STUDENT INFORMATION SYSTEM (SIS) ACCESS AND COMPLIANCE

## Request for LTE Account

**EXPLANATION:** If an LTE employee needs administrative access to the SIS, the supervisor must request accounts that can be temporarily assigned to these employees by completing this access request. The account(s) will “belong” to the requesting department and can be re-used (by resetting the password) if a different LTE is in the same job. **The supervisor bears responsibility for the proper usage of these accounts and of notifying the Registrar’s Office if accounts are no longer needed.**

**PURPOSE:** By submitting this form and requesting accounts to the SIS for LTE employees, you certify that as their supervisor, you will instruct these employees regarding the federal Family Educational Rights and Privacy Act (FERPA) and state and university regulations and policies that apply to the proper use of educational record data and related security measures. The security measures serve four general purposes:

- To secure critical data from accidental or intentional abuse.
- To protect the privacy of the University’s students with respect to their electronic academic records and SIS data.
- To provide access to enable an authorized University official/employee to perform the general and specific job duties outlined in his/her position description.
- To maintain satisfactory computing system operation for the benefit of all users.

**RESPONSIBILITY:** As their employer, you will be aware and make certain that student employees using these accounts realize that the granting of access to SIS carries with it implicit responsibilities that:

- They will store under secure conditions all data that they obtain from on-line panels, data warehouse or extracted datasets, including printed data as well as on-line transmission of data (email, fax, etc.).
- They will be a responsible user of data, whether it is data relating to their work unit or another unit. This is especially important given the shared environment of SIS.
- They will make every reasonable effort to interpret data accurately and in a professional manner.
- They will log off SIS when not using it.
- They will not share their password(s) or others’ passwords or attempt to know others’ passwords.
- They will access only that information they need to perform their job at the University. This means no casual browsing of data.
- They will make every reasonable effort to maintain privacy of the data. This includes knowing what constitutes personally identifiable and confidential information, and what constitutes “directory” or public information and observing the student’s right to withhold this information.
- Whenever personally identifiable student information is requested, if they are not certain of the requestor’s “legitimate educational right and need to know” or the student’s desire to withhold information, they will refer that request to the Registrar’s Office (Dempsey 130) or Student Affairs (Dempsey 148). Examples: a student’s advisor requesting the student’s GPA has a legitimate educational right and need to know; the chairperson of a social club to which the student belongs and who makes the same request does not have a legitimate educational right and need to know.

I have read the UW Oshkosh SIS Access and Compliance statement above, which is incorporated by reference into this signed request. I understand my responsibilities and obligations regarding my LTE employees and regarding data security and confidentiality. I am aware that failure to comply with security and confidentiality procedures or deliberate abuse of computer facilities can result in loss of access privileges and disciplinary action, including termination of employment, criminal prosecution, and civil suit. I understand my obligations as a responsible supervisor of student employee SIS accounts and the data to which they will be granted access.

NAME (printed):

SIGNATURE:

DATE:

TITLE:

DEPT/UNIT:

CAMPUS ADDRESS:

CAMPUS PHONE:

UW OSHKOSH EMAIL:

Supervisor: Complete the top portion on SIDE 2 and then give the form to your unit director (if you are the unit director, please complete all of SIDE 2 and submit as indicated). Retain a copy for your records.

## REQUEST FOR ACCOUNTS FOR LTE EMPLOYEES TO ACCESS SIS

### TO BE COMPLETED BY SUPERVISOR REQUESTING ACCOUNTS

Supervisor Name (print): \_\_\_\_\_

This account is for an LTE employee \_\_\_\_\_

Action (check one):

New account/access to be added\_\_\_\_ Current account/access to be updated\_\_\_\_ Delete account access\_\_\_\_ Effective date: \_\_\_\_\_

This account needs access to: Undergraduate student data\_\_\_\_ Graduate student data\_\_\_\_

If Action is for “new account”, describe the type of data that needs to be accessed, and explain the employment related reasons why the access is required (attach a separate sheet if necessary):

If Action is for “current account”, explain reason(s) for change:

If Action is to “delete account”, explain reason(s) for change:

### TO BE COMPLETED BY SUPERVISOR OR UNIT DIRECTOR

If the LTE employee has duties/tasks similar to those of a current employee, please identify the current employee. If this employee is a student, please give the account’s user id which will begin with LTE:

I certify that the LTE employee will sign the “UW Oshkosh Student Information System Access and Compliance Agreement for Student Workers” form that will be kept in our office. The student employee will understand his/her responsibilities and obligations regarding SIS data security and confidentiality, and he/she will be a responsible user of the data to which I am requesting access.

Supervisor Name (printed) and signature:

Date:

Campus phone:

E-mail address:

Supervisor: Send the original authorization form to the Registrar’s Office, Dempsey 130, and keep a copy for your files.

Please allow 1-2 weeks for the authorization process to be completed.

Subsequent access requests via e-mail or telephone to add, change, or delete security for the user are binding upon the initial SIS Access and Compliance form on file with the Registrar’s Office. E-mail or telephone requests are subject to verification before processing such requests. For your records, *please retain a copy of any e-mail correspondence or make note of telephone conversations regarding updates to security access.*

**OFFICE USE ONLY:** Assign to Default Classes and following classes

BCC/BID:	Sign / Date
REG:	Sign / Date:
ADM:	Sign / Date:
FAO:	Sign / Date:
GRD:	Sign / Date:
STF:	Sign / Date:
OTHER:	Sign / Date:
Basic Reports/Advisor Report :	Sign / Date:
IT: Date Rec'd:	Date Activated/Changed/Deactivated: Sign / Date: