

UW OSHKOSH STUDENT INFORMATION SYSTEM (SIS) ACCESS AND COMPLIANCE

PURPOSE: By submitting this form and requesting access to SIS you certify that as a user of SIS data you agree to abide by 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: The granting of access to SIS carries with it implicit responsibilities that:

- You will store under secure conditions all data that you obtain from on-line panels, data warehouse or extracted datasets, including printed data as well as on-line transmission of data (email, fax, etc.).
- You will be a responsible user of data, whether it is data relating to your own unit or another unit. This is especially important given the shared environment of SIS.
- You will make every reasonable effort to interpret data accurately and in a professional manner.
- You will log off SIS when not using it.
- You will not share your password(s) or others’ passwords nor attempt to know others’ passwords.
- You will access only that information you need to perform your job at the University. This means no casual browsing of data.
- You 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 from you, if you are not certain of the requestor’s “legitimate educational right and need to know” or the student’s desire to withhold information, you 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 and which is incorporated by reference into this signed request. I understand my responsibilities and obligations 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 user of the SIS and the data to which I will be granted access.

NAME (printed):

SIGNATURE:

DATE:

TITLE:

DEPT/UNIT:

CAMPUS ADDRESS:

CAMPUS PHONE:

UW OSHKOSH EMAIL:

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

While you are waiting for the SIS authorization process to finish, you may want to work with your supervisor to ensure that the following items are being addressed:

- a) Your workstation PC has had (or is scheduled to have) PeopleSoft installed by Academic Computing;
- b) (Optional) you are registered for SIS training - E-mail andersma@uwosh.edu.

REQUEST FOR ACCESS TO STUDENT INFORMATION SYSTEM (SIS)

TO BE COMPLETED BY EMPLOYEE

Name (print): _____

Action (check one):

New user/access to be added___ Current user/access to be updated___ Delete user access___ Effective date:_____

I request access to: Undergraduate student data___ Graduate student data___

If Action is for "new user", 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 user", explain reason(s) for change:

If Action is to "delete user", explain reason(s) for change:

TO BE COMPLETED BY SUPERVISOR OR UNIT DIRECTOR

If the employee has duties/tasks similar to those of a current employee, please identify the current employee:

If the employee is a replacement for another employee, please identify the former employee:

If the former employee transferred to another dept, please identify the dept (if known):

I certify that the employee understands his/her responsibilities and obligations regarding SIS data security and confidentiality, and that he/she will be a responsible user of the data to which I am authorizing 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 2-3 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: _____

IT: Date Rec'd: _____ Date Activated/Changed/Deactivated: _____ Sign: _____

Secure Student Admin: _____ Sign/Date: _____