CASE WESTERN RESERVE UNIVERSITY
Student Information System Security Request Form

This form is required for all users needing access to student data either directly from the Student Information System (SIS) or through other sources. The main access points for most campus users are:

1. **Schedule of Classes** maintenance for departmental users who maintain each term's course offerings

2. **Departmental Admin Center** for departmental representatives who need to see academic, financial or basic biographical/demographical information on a per student basis

For individuals needing access other than what is listed above, please complete this page in its entirety, check Other on page two and indicate the access you need, and enter your business reason for the access you are requesting in Section A.

It is important to understand that the Family Educational Rights and Privacy Act (FERPA) protects student data from unlawful use and disclosure. Please review both the University's FERPA training video and the University's interpretation of FERPA.

☐ **I have reviewed the FERPA training video and the University's interpretation of FERPA**

It is also expected that users will become familiar with the University's Acceptable Use of Computing and Information Technology Resources policy and be responsible for keeping passwords secret and that they will not use anyone else's password to access student information.

☐ **I have reviewed the University's Acceptable Use of Computing and Information Technology Resources policy**

In addition, you will be asked to accept the Student Information System Confidentiality Agreement the first time you login to SIS.

My name below signifies that I fully understand and agree to comply with the above policies.

Name _____

Date _____

Requestor Information:

Name	
Phone Number	
Network ID	
Empl ID	
Department	

NOTE: You are responsible for getting your supervisor's access agreement, ahead of time, to your access request. Supervisors will receive copies of access notifications and correspondence.

Supervisor Information:

Name	
Phone Number	
Network ID	
Empl ID	

NOTE: Supervisors are responsible for reporting employee transfers and terminations.

Access Request:

I am requesting access to the following be ○ **added** ○ **changed** ○ **deleted** **(please check all that apply):**

☐ Access to maintain the <u>Schedule of Classes</u> for my department - **Note**: Training is required for this access (If adding or changing, please also fill out **sections A and B.**)

☐ Access to student records through the <u>Dept Admin Center</u> (If adding or changing, please also fill out **sections A and D**)

☐ Access to view <u>Class Rosters</u> for my department - **Note**: access is read only; if the ability to grade is needed, you should be added as a grading proxy to the appropriate classes (Please also fill out **sections A and C.**)

☐ Access to <u>Class Permission Requests</u> for my department. You will be able to grant, deny, and revoke permission requests submitted for classes in your department. (Please also fill out sections A and C.)

☐ Access should be identical to this user: [＿＿＿＿] (Please also fill out **sections A and E.**)

☐ Other: [＿＿＿＿＿＿＿＿＿＿＿＿＿] (Please also fill out **section A.**)

Section A - Business Reason:

Please indicate the reason the requested access is necessary for your job function.

[   ]

Section B - Schedule of Classes (training is required for this access):

Please indicate the Academic Organization(s) to which you need access in order to maintain your department's Schedule of Classes. Please enter the abbreviation(s) (i.e., Astronomy [ASTR], Biochemistry [BIOC], etc.).

[＿＿＿＿＿] [＿＿＿＿＿] [＿＿＿＿＿]

[＿＿＿＿＿] [＿＿＿＿＿] [＿＿＿＿＿]

Section C - Class Rosters or Class Permission Requests:

Please indicate the Academic Organization(s) of the classes in which you need roster or permission access. Please enter the abbreviation(s) (i.e., Astronomy [ASTR], Biochemistry [BIOC], etc.).

[＿＿＿＿＿] [＿＿＿＿＿] [＿＿＿＿＿]

[＿＿＿＿＿] [＿＿＿＿＿] [＿＿＿＿＿]

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Section D - Departmental Admin Center:

Please indicate the student population to which you need access by Academic Plan(s), Program(s), Department(s), Career(s) or School. Please enter the abbreviations (i.e., Anatomy Masters Plan A [ANT-MA-A], Biology Minor [BIO-MIN], Electrical Engineering & Computer Science [EECS], Graduate Career [GRAD]).

Please select the roles to which you are requesting access within the Departmental Admin Center. An appropriate business reason must be indicated for each. Note: this section can be disregarded for Data Warehouse only requests.

☐ **Academics:** student schedule, course history, exam schedule, grades, unofficial transcripts, degree audit report, what-if report, holds, shopping cart, student planner, contact information, demographic information, and account balance.

☐ **Finances:** account balance, account activity, payments, pending financial aid, student schedule, holds, program advisor, enrollment dates, contact information, and demographic information.

☐ **Personal Information:** contact information, demographic information, student schedule, holds, program advisor, enrollment dates, and account balance.

Section E - Copy User Access:

If applicable, please indicate another employee who has access that is identical to that which you are requesting.

Name		Empl ID	

Network ID

Are you replacing this person?   ○Yes ○No

If yes, does this person still need access?   ○Yes ○No

To submit this form, please email it to sissecurity@case.edu. For questions regarding this form, please contact the University Registrar's Office at sissecurity@case.edu or 216-368-4310.