

**I. EMPLOYEE INFORMATION**

<b>Full name:</b>		<b>USF ID:</b>	
<b>Title:</b>		<b>NetID:</b>	
<b>College/Unit:</b>		<b>Email:</b>	
<b>Department:</b>		<b>Phone:</b>	

**II. SUPERVISOR INFORMATION**

<b>Full name:</b>		<b>Email:</b>	
<b>Title:</b>		<b>Phone:</b>	

**III. REQUEST DETAILS- To be completed by the supervisor**

<b>Role</b>	<b>Description</b>
<input type="checkbox"/> Academic_Courses	Reports that contain course, section or catalog information
<input type="checkbox"/> Academic_Student	Reports that contain student information, including college specific reports, excess hours, grades, GPA, Innovative Education, Orientation and Athletics reports.
<input type="checkbox"/> Admissions_Gen	For all persons in Admissions
<input type="checkbox"/> Admissions_Mgmt	For managerial positions in Admissions or positions that require access to more confidential data on students.
<input type="checkbox"/> BISK_Gen	Reports specific to USF Health BISK Education Informatics programs
<input type="checkbox"/> INTO_Gen	Reports specific to INTO USF without Grades or sensitive information.
<input type="checkbox"/> INTO_Mgmt	Reports specific to INTO USF with Grades or sensitive information.
<input type="checkbox"/> Registrar_Gen	Reports specific to Registrar that are open to the entire office.
<input type="checkbox"/> Registrar_Mgmt	Reports specific to Registrar that are restricted to management or persons who need sensitive information.
<input type="checkbox"/> Student_Health_Gen	Reports specific to the Student Health Services.

**Note:** Please check the SAP Reports Master List for more information on roles and reports.

**IV. JUSTIFICATION- To be completed by the supervisor**

TO BE COMPLETED IN DOCUSIGN AFTER REQUEST IS TRIAGED.

#### V. EMPLOYEE CERTIFICATION

*My signature serves as certification that I agree to comply with the following statement:*

##### Responsibilities Associated With Access to University Data

- 1) Data to which you have access in the conduct of legitimate University business cannot be used for any other purposes, nor may it be passed on by you to any other person, in any form, for any purpose other than legitimate University business.
- 2) You are responsible for the security of the data to which you have access. This includes your adherence to University, College, Campus and departmental policies regarding access to data, keeping data and printouts in secure locations, periodically changing passwords, and ensuring your workstation is not accessible to others who do not have legitimate access to it when you are not physically present.
- 3) You are responsible for distinguishing between public, directory and confidential information. For guidance, see the USF catalog and USF Policy 0-106. Confidential information regarding students or staff cannot be released in any personally identifiable format without permission of the individual. Individual directory information may be released unless a student has requested to keep their information confidential. Any public information may be displayed in either individual or aggregated format.
- 4) For consistency, official counts of students, employees and other items are developed or maintained by the Office of Decision Support (ODS). It is your responsibility to use these official counts on surveys, news releases, grant proposals or other documents.

Print name

Signature

Date

#### VI. SUPERVISOR CERTIFICATION

*My signature serves as certification that the employee has successfully completed FERPA training and all the information provided in this form is true and correct.*

Print name

Signature

Date

**VII. ADMISSIONS CERTIFICATION**

*My signature serves as APPROVAL for this request.*

Print name	Signature	Date
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**VIII. BISK CERTIFICATION**

*My signature serves as APPROVAL for this request.*

Print name	Signature	Date
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**IX. INTO CERTIFICATION**

*My signature serves as APPROVAL for this request.*

Print name	Signature	Date
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**X. STUDENT HEALTH SERVICES CERTIFICATION**

*My signature serves as APPROVAL for this request.*

Print name	Signature	Date
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**XI. UNIVERSITY REGISTRAR'S OFFICE CERTIFICATION**

*My signature serves as APPROVAL for this request.*

Print name	Signature	Date
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