

Washington University in St. Louis
Request for Security Authorization: Student Information Systems

SIS is the system of record for all Washington University students. It is the official record of the University, and much of the student information maintained in SIS is highly confidential. All users, therefore, must familiarize themselves with and comply with the provisions set forth in the federal Family Education Rights and Privacy Act (FERPA) which protects and defines the rights of our students, and all Washington University policies and procedures pertinent to the use of computers, administrative information systems, and student records. These policy statements are available online:

FERPA - <http://registrar.wustl.edu/student-records/ferpa-privacy/> WU Computer Use - <https://wustl.edu/about/compliance-policies/>

Fill this form out completely; missing information will cause delays in processing. Digital signatures are acceptable.

Name: _____ Employee ID: _____

Title: _____ Office Phone: _____ MSC: _____

Department/School: _____ WU email address: _____

Check ALL that apply:

- I am a new user.
 - I am filling an existing role previously held by: _____
 - My role is new.
- I am requesting a change to current user status.
 - I need additional access as described below.
 - I have transferred roles and need my access updated accordingly.
- I am an academic advisor.
- I am an instructor.
- I am a current or former Washington University student. My student ID is: _____

User Access Guidelines

Access to the student records and related systems is defined in terms of both functionality and ownership. Access to update student academic record information and student accounting data in SIS is generally restricted to selected Dean's Office personnel and CFU administrators. Access to update course information in WUCRSL is restricted to Deans' Offices and key academic department personnel. Access to records of students in the WU School of Medicine is restricted to Medical School personnel. The reporting databases are available only to selected Dean's Office personnel and CFU administrators.

Please check those functions to which you are requesting access, and for what purpose:

- SISAdmin:** inquiry or update capability
- SISAdmin Student Account System*** (SAS approval required below to post transactions)
- SISDocs:** FYA access (admissions documents), Dean's Office access (all docs), or Document Maintenance
- WUCRSL:** maintaining course data for the following course departments (e.g., L01, E60): _____
- SIS2 Reporting Database**

Job tasks that require access to the systems above (i.e. how you expect to use these systems): _____

Supervisor Approval

I certify that the above named individual requires the specified access to the requested system(s) as stated on this Security Authorization form, and that such access is appropriate in the conduct of their job responsibilities.

Signature of Department Head or Supervisor: _____ Date: _____

Print Name of Department Head or Supervisor: _____ Phone: _____

Also required, if noted above: _____

*Student Accounting Office approval

(NOTE: the user's signature is required on the following page)

Washington University in St. Louis
Security and Privacy Statement: Student Information Systems

User Certification

I certify that my position at Washington University requires access to the requested system as stated on this Security Authorization form. I acknowledge that my access is strictly for business use and any non-business use may be subject to disciplinary action. I further acknowledge that I have read and will comply with the following University policies:

Information Security Policy - <https://wustl.edu/about/compliance-policies/computers-internet-policies/information-security/>

Computer Use Policy - <https://wustl.edu/about/compliance-policies/computers-internet-policies/computer-use/>

Guide to Legal and Ethical Use of Software - <https://wustl.edu/about/compliance-policies/computers-internet-policies/legal-ethical-software-use/>

Family Educational Rights and Privacy Act (FERPA) - <https://registrar.wustl.edu/student-records/ferpa-privacy/>

To ensure the privacy and security of University data, I will:

- o Access, distribute and share all University data only as needed to conduct campus business as required by my job.
- o Respect the confidentiality and privacy of individuals whose data I access.
- o Observe any ethical restrictions that apply to data to which I have access.
- o Immediately report to my supervisor any and all security breaches.
- o Comply with all department and campus IT and business process security policies and procedures, including proper and timely destruction of documents and/or files containing sensitive data.
- o Protect and secure data on portable devices; e.g., laptops, thumb drives, CDs.
- o Change my password on a periodic basis.

I will not:

- o Discuss verbally or distribute in electronic or printed form University data except as needed to conduct University business as required by my position.
- o Knowingly falsely identify myself.
- o Gain or attempt to gain unauthorized access to University data or computing systems.
- o Share my user ID(s) and password(s) with anyone nor use anyone else's user ID(s) or password(s) without departmental review.
- o Leave my workstation unattended or unsecured while logged-in to critical functions or sensitive information.
- o Use or allow other persons to use University data or software for personal gain.
- o Make unauthorized copies of University data or software.
- o Engage in any activity that could compromise the security or confidentiality of University information services.
- o Place data or programs on University computers which are not required for my job function. All data and programs must be ones for which the University has the right for use by law or license.

I have read and agree to comply with the terms and conditions stated above. I further understand that a breach of this agreement may be grounds for immediate dismissal and may also result in referral for civil or criminal legal action. Should my affiliation with the University change or terminate, these prohibitions remain in effect.

Signature of User: _____ **Date:** _____

If you have questions about any of these terms and conditions, please contact the University Registrar at 935-5567.

Request Submission

Return completed forms to the Office of the University Registrar: registrar@wustl.edu, MSC: 1143-156-50, Fax 314-935-4268

OUR Use Only:

SIS ID: _____ Roles Assigned: _____

Date Processed: _____ Date Notified: _____

Signature: _____
