

System Access Authorization for Document Management

Add	Delete	Name (Last, First)	Username	Position	Department

CHECK BOX BELOW INDICATING WHAT ROLE IS NEEDED.

	Admin
	Indexer
	Scanner
	View Only

CONFIDENTIALITY STATEMENT

I understand that the following information may not be released, verbally or in writing, to ANY unauthorized person as mandated by the Privacy act of 1974:

Grades, grade point average, class rank, academic dismissal, hours attempted earned or transferred, student account balances, financial aid received or pending, employment status or employer, disciplinary action or law enforcement records, personal counseling records, medical records, student numbers or social security numbers.

I further understand that falsifying or otherwise altering information, either within a student or employee files or the University's database is a violation of university policy, and federal regulations. The sharing of passwords or allowing others to perform work using your password is prohibited. Students and/or employees who violate university policy are subject to disciplinary actions up to and including dismissal.

Signature of User

APPROVALS

Department Head

Date

Module Manager

Date

Administrative Computing

Date Completed