

## Request for access to student data

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Department & Job title: \_\_\_\_\_ Location: \_\_\_\_\_ Phone number: \_\_\_\_\_

**FERPA:**

All faculty and staff employees are required to complete our FERPA training module. **Please attach proof of completion (print final screen of training or the email sent upon completion).**

Users of the Holy Names University student information system are not to seek or use any information other than that which is necessary to fulfill their professional duties. They must not divulge or otherwise release confidential records or information in written or verbal form to anyone except: the person of record, as positively identified, or employees of Holy Names University who have legitimate educational interest, according to the university FERPA policy. In addition, they must take strong measures to ensure the security of the system data and information, as well as their confidential password information when using the system off-campus via remote access.

I fully understand that if I divulge or misuse confidential information, I may be subject to disciplinary action by Holy Names University and will be liable to civil and criminal prosecution pursuant to the Family Educational Rights and Privacy Act of 1974.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Access Needed:**     FA Web (Faculty Access for the Web)     Blackbaud/Citrix     Other: \_\_\_\_\_

Describe the specific information the employee needs to be able to access, and what job functions/responsibilities the employee needs the information in order to fulfill:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Supervisor/Department Head: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Registrar: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Database Administrator: _____	Date: _____