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Degree Works Security Request Form

Request for Additional Access to the Student Information System

Date: _____ Employee Number: _____

Name: _____ Position/Title: _____

Department: _____ College: _____

Role Requested:

† Read only access to Degree Works (faculty and advisors assisting) _____ i

† Yes † No Date: _____

Attended Degree Works Exception Training? † Yes † No Date: _____

The Office of Academic Affairs will review this request and contact you. To receive authorized access, all users must be briefed on their responsibilities and sign a confidentiality/accountability statement.

Please Note: Student records are protected under the Family Educational Rights and Privacy Act of 1974, as amended. Students may view their records with proper identification (University I.D. or driver's license). University officials with legitimate educational interest may view student records only through consent of the Senior Vice President of Academic Affairs.

Requested by (signature): _____ Date: _____

Deans approval (signature): _____ Date: _____

Registrar Systems Specialist: _____ Date: _____