



## Request for Access Permission to Jenzabar EX

Clafin ID Num: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Department \_\_\_\_\_

Position \_\_\_\_\_ Bldg-Office-Ext.# \_\_\_\_\_

Module Name: \_\_\_\_\_ Comments: \_\_\_\_\_

Replacing Person Name/Function: \_\_\_\_\_

Function Name	Update (Able to Change data)	View Only	Deny Access

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Module manager 1: \_\_\_\_\_ Date: \_\_\_\_\_

Module Manager 2: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

### For Information Technology Use Only

Access Permission:      Completed       Not Completed

Training Provisions:

Training by Module Manager \_\_\_\_\_ (For new staff members)

Training by Jenzabar FAM \_\_\_\_\_ (For previous module manager replacement)

Training by ITS: \_\_\_\_\_ (For system training ex. Login, logout, terminating a process, printing, etc...)

Comments: \_\_\_\_\_  
 \_\_\_\_\_

DBA: \_\_\_\_\_



## Clafin University Information Privacy Agreement

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Individuals may use Clafin University Computing facilities only with the express authority of Clafin University. The Administration of Clafin University authorizes system accounts and the use of the lab facilities. Using an account that belongs to another individual or giving an individual other than the owner access to any Clafin University account is strictly prohibited.

Some individuals will be given access to the student information systems and/ or other administrative systems. The confidentiality of this record governed by the federal Family Education Rights and Privacy act of 1974 [a.k.a Buckley Amendment FERPA] All information is confidential and students have a right to expect that their scholastic records are being properly supervised and maintained Communication of this information is restricted to other authorized parties in accordance with the provisions of FERPA . Requests for discloser of this information must be approves by the appropriate administrative officer at Clafin University.

Each user is legally responsible for all activity originating from his or her account.

I read and acknowledge that I will abide by the statement above:

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

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### Clafin University Department of Information Technology Services

#### *Database/ Computer Access Certification Form*

I, \_\_\_\_\_, hereby confirm that I am familiar with the use and safeguarding of passwords for access to the university databases and computers. I agree to abide by university policies concerning information security and the use of passwords. I understand that any willing misuse or abuse of my password may lead to disciplinary action including a formal reprimand or termination from the university.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date