

## Database Access Request Form and Confidentiality Agreement

**INSTRUCTIONS:** Please complete the top section of this form. Specify which access description you are requesting and the type of access requested. In the event that you took the tutorial for training purposes only and do not need access to the student database, please select the *no access required* box. Read and sign the acknowledgement, and include your department chair/director/supervisor name, signature, and phone extension to verify the access request. Submit this form to the Human Resources Office (Kimball 240). If access is requested, you will receive your login ID and password within two business days.

**Note: For AS400/ISeries access, find someone in your office who has a similar job description and uses the menus and authorities that you will be using. Enter their login ID in the *Reference User Login ID* field below.**

Date		Department	
Name (Last, First, Middle)		Email Address	
Position	User I #	Phone Extension	
Access Description <input type="checkbox"/> Faculty Web Access (I am a fulltime or part time faculty employee.) <input type="checkbox"/> Student Employee Web Access (I am a student employee working in an academic department ie: chemistry, art, etc.) <input type="checkbox"/> Administrative AS400/ISeries Access (Reference User Login ID _____) <input type="checkbox"/> Student Employee AS400/ISeries Access (Reference User Login ID _____) <input type="checkbox"/> No access required (For training purposes only; I do not need database access for my employment at BYU-Idaho.)			
Access Request <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Enable <input type="checkbox"/> Disable <input type="checkbox"/> Change (please specify the change)			
By virtue of my employment at Brigham Young University-Idaho, I have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information or releasing my user information to any unauthorized person could subject me to criminal or civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates BYU-Idaho policy and could constitute just cause for disciplinary action including termination of employment.  Signed: _____ Date: _____			
Name of Department Chair/Director/Supervisor	Signature of Department Chair/Director/Supervisor	Phone Extension of Department Chair/Director/Supervisor	

**(For Information Technology use only)**

Human Resource signature confirmation \_\_\_\_\_

Menu User Name(s) \_\_\_\_\_  Profile     Menu

Menu System \_\_\_\_\_

Assign to Group Profile \_\_\_\_\_

Special Authority \_\_\_\_\_

Restrictions \_\_\_\_\_

Enrollment in PC/Support \_\_\_\_\_  Yes     No

Programmer Approval \_\_\_\_\_  Yes     No

Date of Action \_\_\_\_\_ Initials \_\_\_\_\_

Notified \_\_\_\_\_