

Access to Student Database for Tacoma Staff/Faculty

This form is used to request SDB access, and to record signatures for authorization to the Student Database.

Requesting User Name (please print): _____ UW NetID: _____
 Employee ID#: _____ - _____ - _____ Phone: _____ Email: _____
 Department: (please do not abbreviate): _____ Box: _____
 I certify that I, the requesting user, need this access in order to perform my job. I recognize that all data is protected by the Federal Family Rights and Privacy Act of 1974 and will not be transmitted to third parties without written consent of the student(s) involved. I will not allow other people to use my account and I will keep my password private. Your Statement of Responsibility regarding the Student Database is printed on page two of this form.
 >> Submit both pages.
 Requesting User's Signature: _____ Date: _____

Supervisor Name (please print): _____ UW NetID: _____
 Employee ID#: _____ - _____ - _____ Phone: _____ Email: _____
 Department: (please do not abbreviate): _____ Box: _____
 The supervisor assumes responsibility for notifying UW Technology Service Center, Administrative Applications 543-1020, adminapp@u, Box 359540, or Data Services 543-8980, mdolan@u, Box 355850 immediately if the user leaves the department or his/her job duties no longer require access.
 Supervisor's Signature: _____ Date: _____

Registrar User requires access to (check one): SIS only SDB & SIS
 Required signature for all staff requesting access: _____
 Bobbe Miller-Murray, (253) 692-4406, Box 358400
 UW Tacoma Registrar

Access Access is based on your job classification. My job classification is _____
 If you need access to Student Fiscal Services screens for budgets or Financial Aid information, check the appropriate box. Additional signatures are required and need to be obtained before submitting the form for access.

<input type="checkbox"/> Basic (student name search, status, address)	<input type="checkbox"/> Student Account Information Call Jeff Petersen to discuss your requirements then get his signature <i>before</i> sending in your form. Required Signature: _____ Jeff Petersen, (206) 221-6915, Box 355820 Student Fiscal Services
<input type="checkbox"/> Basic Plus (student name search, status, address, holds, course offerings, class lists, time schedule)	
<input type="checkbox"/> Academic Access (Basic plus academic record inquiry, registration, DARS). This access is for Advisers.	
<input type="checkbox"/> Faculty Workload Only (course instructor update, independent study instructors)	<input type="checkbox"/> Student Need-Based Financial Aid Inquiry Call Megan Davis to discuss your requirements then get her signature <i>before</i> sending in your form. Required Signature: _____ Megan Davis, (206) 685-1698, Box 355880 Director, Student Financial Aid
<input type="checkbox"/> Access to Departmental Transcript Printer _____ Printer Identification / Location	

Additional Needs: _____

This section for UW Technology/ Data Management Use Only

Filing usercode _____

UW Technology Setup
 Initial Setup _____
 TSAT _____
 SecurID/crn _____
 Notify _____
 Sent to Data Mgmt _____

SDB access for usercode _____

SDB access for switch code _____

SDB notification
 User Faculty Workload

SDB setup _____

Received in UW Technology: _____

ROUTE:

User → Supervisor → Additional Approvals → Bobbe Miller-Murray Box 358400 → UW Technology Service Center, Administrative Applications Box 359540, (206) 543-1020, Fax (206) 221-5001 rev 6/15/08

Statement of Responsibilities Regarding FERPA Requirements and the Student Database (SDB)

The following is a summary of my responsibilities when using the University of Washington Student Database.

1. The information in the Student Database is the property of both the student and the University of Washington and may not be released to anyone except University employees in the course of their work as University employees unless authorization is given by the student or my supervisor, or the information to be released is "directory information" and the student has not restricted release of directory information.
2. The release and control of this information is governed by the Federal Family Rights and Privacy Act of 1974 (FERPA) and the Washington Administrative Code.
3. If a student has restricted release of directory information and has not provided a written release to me, my response to a request for information from persons outside of the University should be:

I have no information about that individual.

4. If a student has not restricted directory information, I may release:
 - Dates of attendance
 - Full or part time status
 - Degree(s) and awards received
 - Scholastic honors
 - Majors
 - Place of birth
 - Last school attended
 - Telephone number
 - Email
 - Participation in officially recognized athletic activities
 - Weight and height of members of athletic teams
5. These restrictions on the release of information pertain to all off-campus inquiries, including (but not limited to) prospective employers, FBI, IRS, Police, government officials, parents, spouses and children.
6. The following exceptions apply to the above rules:
 - If a student has provided a written release, I may release any information covered by the authorization.
 - Staff of the Federal Office of Education may have any information they wish.
 - Agencies that have provided financial aid to a student may have quarterly enrollment status information. These inquiries should be referred to the Office of the Registrar.
 - Parents who claim the student as a dependent with the IRS may have information if they show evidence of dependency in writing. These inquiries should be referred to the Office of the Registrar.
 - University faculty and staff may have any information that *they need to know* to perform their responsibilities to the University whether or not the student has said "no" to release of directory information. (Campus Police are *not* considered part of the University staff given general access to the information in the Student database.)
7. Questions about security of the data should be referred to the Office of the Registrar.
8. I am responsible for the security of my usercode, password and SecurID card. My usercode is not to be shared with other people. I also understand that my access to information in the Student Database is limited to the information *I need to know* in order to perform my job at the University. Violation of these provisions may result in disciplinary action, which could include dismissal from the University.

I acknowledge that I have been briefed on my responsibilities regarding FERPA and that I understand the above information.

Requesting User: _____
Signature (required)

Printed Name

Date

Registrar: _____
Signature (required)

Printed Name

Date