

## Security Authorization

The University Student Information System contains thousands of records, most of which are of a confidential nature. It is essential that the integrity, security and confidentiality of these records be maintained. The "Release of Information" statement printed in the University Calendar contains the regulations concerning privacy of information.

### Applicant

Name: \_\_\_\_\_ Extension: \_\_\_\_\_

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

Position: \_\_\_\_\_

General Description of Expected Use \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree that access to the administrative computer systems and data shall only be for the purpose of authorized university business. I agree that I am responsible for the use of the information to which I have access and that unauthorized use, release, or modification of data may result in disciplinary action.

I have read and understood the "Release of Information" statement in the University calendar.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to Lisa Caldwell, Registrar's Office.