



## ACCESS AND COMPLIANCE FORM

**PURPOSE:** By signing this form you certify you are a user of SIS data and that you agree to abide by the state and federal laws and University policies that apply to the proper use of data.

**RESPONSIBILITY:** The granting of access carries with it an implicit bond of trust that:

- You will store under secure conditions all data that you obtain from on-line panels, data warehouse or extracted datasets, including printed data as well as on-line transmissions of data (email, fax).
- You will be a responsible user of data, whether it is data relating to your own unit or another unit. This is especially important given the shared environment of SIS.
- You will make every reasonable effort to interpret data accurately and in a professional manner.
- You will sign off the SIS system when not using it.
- You will keep passwords to yourself.
- You will access only that information you need to perform your job at the University. This means NO casual browsing of data.
- You will make every reasonable effort to maintain privacy of the data. This includes knowing what constitutes "directory" or public information and observing the student's right to withhold this information.
- Whenever personally-identifiable student information is requested from you, if you are NOT CERTAIN of the requestor's "legitimate educational need to know," or the student's desire to withhold information, you will refer that request to the Office of the Registrar. Examples: a student's advisor requesting the student's gpa has a legitimate educational need to know; the chairperson of a social club to which the student belongs who makes the same request does not have a legitimate educational need to know.

**VIOLATIONS:** Misuse of the data in or from this system will subject you to disciplinary actions, up to and including termination.

**CERTIFICATION:** I understand my obligations as a responsible user of the data to which I have been granted access.

Name: \_\_\_\_\_ Logon Initials: \_\_\_\_\_

Title: \_\_\_\_\_ Dept/Unit: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SIS ID: OFFICE USE ONLY	_____
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Mail completed form to: DoIT Security Authorizations  
1210 West Dayton  
Madison, WI 53706

Or FAX completed form to: (608) 265-0667