

Is this access intended to replace access previously granted to another employee who has left the U or changed responsibilities?
 Yes No If yes, who? Name _____ Employee ID _____

The access you are requesting allows you to view and/or modify student information governed by the Family Educational Rights and Privacy Act.

By signing this form, you affirm that you are a University of Utah employee and that you have a legitimate educational interest in processing student grades. You also affirm that you have read and will comply with the provisions for security and confidentiality of employee and student records and files as described in Policy and Procedure Manual # 1-12 and 1-18. If found in violation of this agreement, you can be disciplined and/or dismissed from employment in accordance with University Policy 2-9.

Signature of Person Requesting Access	Employee ID	Phone Number	Date
Print /Type Name of Person Requesting Access		E-Mail Address	
Department		Signature of Department Official Verifying Eligibility	

PLEASE COMPLETE THE APPROPRIATE E-GRADE APPLICATION AND LEVEL OF ACCESS

Access to E-Grades for all courses within a department

START TERM	SUBJECT	END TERM	INDICATE TYPE OF ACCESS
			<input type="checkbox"/> View Only <input type="checkbox"/> *Save <input type="checkbox"/> **Post
			<input type="checkbox"/> View Only <input type="checkbox"/> *Save <input type="checkbox"/> **Post
			<input type="checkbox"/> View Only <input type="checkbox"/> *Save <input type="checkbox"/> **Post

OR

Access to E-Grades for specific courses during a given term

TERM	SUBJECT	CATALOG NUMBER	SECTION NUMBER	INDICATE TYPE OF ACCESS
				<input type="checkbox"/> View Only <input type="checkbox"/> *Save <input type="checkbox"/> **Post
				<input type="checkbox"/> View Only <input type="checkbox"/> *Save <input type="checkbox"/> **Post
				<input type="checkbox"/> View Only <input type="checkbox"/> *Save <input type="checkbox"/> **Post
				<input type="checkbox"/> View Only <input type="checkbox"/> *Save <input type="checkbox"/> **Post
				<input type="checkbox"/> View Only <input type="checkbox"/> *Save <input type="checkbox"/> **Post

For additional courses, use reverse side

FOR STUDENT SYSTEMS OFFICE USE ONLY

Application Security Administrator	Date
------------------------------------	------

Return completed form to: Student Systems, 60 SSB, Fax: 585-7860, Phone: 581-8393.

*Save = View, Enter and Save Grades

**Post = View, Enter, Save and Post Grades

