

Access Authorization Form for Online Grade Processing

Name _____ Date _____
(Last Name, First Name, MI)
E-mail _____ Department _____
Work Address _____ Work Ph _____
Netid _____ EmplID _____

The individual listed above performs the departmental responsibilities related to submission of end of term grades and will require access to online grade processing.

Statement of Agreement

- I will not seek personal benefit or permit others to benefit personally from information contained in the Student Enterprise System (SES).
- The privacy and confidentiality of the student records is protected by The Family Educational Rights and Privacy Act. Access to student records is granted to University staff/faculty who have a legitimate educational purpose. It is unlawful to release student record information to any third party.
- I will not divulge the contents of any record or report to any person except in the conduct of my work assignment and in accordance with University and department policies.
- I will not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
- I will not divulge personal ID's or passwords to anyone, whether University personnel or others.

I UNDERSTAND THAT ANY VIOLATION OF THIS AGREEMENT MAY BE CAUSE FOR APPROPRIATE DISCIPLINARY ACTION, INCLUDING DISMISSAL.

Applicant's Signature

Applicant's Printed Name

<p>FOR OFFICE USE ONLY</p> <p>Data Custodian _____</p> <p>Date _____</p>

**Return completed form to the Office of the Registrar, Evanston Campus
Attention: Online Grading
Fax (847) 491-8458**