



LOMA LINDA UNIVERSITY

# Request for Access

## Student Information Systems

*When complete, send to University Records and it will be routed appropriately.*

### Employee Information:

Name \_\_\_\_\_ Employee Number \_\_\_\_\_  
If not an employee, write in SSN and birthdate

Employing Department \_\_\_\_\_ Hire Date \_\_\_\_\_

Position \_\_\_\_\_ Phone Ext \_\_\_\_\_

LLU Email Address \_\_\_\_\_ @llu.edu

### Replacing: (if applicable)

Who is being replaced? \_\_\_\_\_

What is their ID (Employee ID, Banner ID or EID): \_\_\_\_\_ Last day at work: \_\_\_\_\_

### Copy Access: (if applicable)

This person needs to have the same access as:

Name \_\_\_\_\_ LLU Email Address \_\_\_\_\_ @llu.edu

What is their ID (Employee ID, Banner ID or EID): \_\_\_\_\_

### Access Requested: (Mark the appropriate box)

#### University Office

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Marketing  | <input type="checkbox"/> Records         | <input type="checkbox"/> Financial Aid   |
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Student Affairs | <input type="checkbox"/> Student Finance |

#### School Office (for School of \_\_\_\_\_)

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Marketing  | <input type="checkbox"/> Records         | <input type="checkbox"/> View Student Contact Info |
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Student Affairs | <input type="checkbox"/> View Portals              |

#### Academic Department (for School of \_\_\_\_\_, Dept of \_\_\_\_\_)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Marketing              | <input type="checkbox"/> Records         | <input type="checkbox"/> View Student Contact Info |
| <input type="checkbox"/> Admissions (see below) | <input type="checkbox"/> Student Affairs | <input type="checkbox"/> View Portals              |

View Rosters for (list course prefix(es) and number(s)): \_\_\_\_\_

Other request: \_\_\_\_\_

### Supervisor:

I request and authorize the above access for the above employee:

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name and position \_\_\_\_\_

### Required for Academic Department or Program Admissions Access Only:

**Circle role:** *program admissions committee chair ♦ chair's assistant ♦ admissions committee member ♦  
 program/department head ♦ department secretary*

Program(s): \_\_\_\_\_

Admissions Committee Chair's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Admissions Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Academic Dean's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Univ Office Authorization: \_\_\_\_\_ Date: \_\_\_\_\_ Account Created: \_\_\_\_\_ Date: \_\_\_\_\_



LOMA LINDA UNIVERSITY

## Loma Linda University Student Information Systems

### Password Security Agreement

The Family Educational Rights and Privacy Act (also known as FERPA or the Buckley Amendment) is a federal law which mandates each student's right to private and confidential records. This Act essentially applies to any records, either on paper or computer, which contain information directly related to students, or any data from which students can be individually identified.

All employees of the University have the responsibility of protecting each student's right to privacy and confidentiality. This includes denying information to individuals who have **no legitimate educational interest** in a student's record. Legitimate educational interest means that the person needs the information in the course of performing instructional, supervisory, advisory, or administrative duties for Loma Linda University. You have the right to deny a request if you feel that the request is not legitimate. If in doubt, ask why the information is needed.

**No information should be released over the phone.** Requests should be made in person so positive identification can be made or in writing. You should always request identification if you do not know the faculty member, administrator, or other person making the request.

The Buckley Amendment does permit **directory information** to be released without the written consent of students. Directory information, as defined by Loma Linda University, includes name, address (permanent and local), and telephone number. Although it is permissible to release this information, those who have access to this information should be cautious and use good judgment when releasing it. Such information is to be released only by designated employees in the school in which the student is enrolled. (Policy stated in the LLU Student Handbook). Students may request that directory information not be released. Requests for **confidentiality** will be entered on the computer by the Office of University Records. Under such circumstances, directory information cannot be released without the student's written consent.

You have been assigned a computer identification code and password. As an authorized user of the student records system, you are not to give your personal sign-on and password to anyone. Neither should you sign on the computer and let someone else view and/or edit data on the system. Remember, **you are responsible** for all transactions which occur under your computer ID and password so do not share them with anyone. Physical security of your terminal is a simple matter of logging off the computer when you are finished using it or leaving the terminal unattended. When using your terminal, turn the screen so that visitors to your office cannot view the information displayed on it.

Misuse of the privilege of access or unauthorized access to the system will not be tolerated. Refer to the LLU Staff Handbook for the computer abuse policy.

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I have read and clearly understand my responsibility to respect and maintain the confidentiality of all records and information which I have access to through the computer. I further understand that the violation of these rules and related confidentiality could result in disciplinary action, including immediate termination of my employment from this University.

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Name (print or type)

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Employee Number

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Department

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Employee Signature

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Date

---

Witness

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Date