



UNIVERSITY COMPUTER SERVICES

OPERATOR AND SCREEN ACCESS DEFINITION WORKSHEET

Complete all items on this form and send to University Computer Services (room 156 Peltier Hall)

USER'S INFORMATION:

NAME: _____ DATE: _____

DEPARTMENT: _____ TITLE: _____

USER ID (ie CS-KNC): _____ EXTENSION: _____

TYPE OF ACCESS REQUESTED: _____ FRS _____ SIS _____ HRS

This employee will take the place of: _____

This employee can have the same access as: _____

I would like my email address to be: _____

OPERATOR ACCESS:

USER ID: _____ (Novell sign-on without the dash)

PASSWORD: _____ (Enter a six character alpha-numeric value **MUST** begin with alpha value)

USER PRIVILEGE STATEMENT:

I, (your name) _____, understand that all information obtained from student records in this system is confidential, and may be released only to the student to whose record I have access, to others indicated by the student upon the student's written request, and as necessary to University staff on a need-to-know basis. I agree to uphold complete confidentiality of these records otherwise (per the Family Education Rights and Privacy Act).

User Signature Date

Department Head Signature Date

DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY.

SCT USER ID: _____