

2/7/08

Part 1: Requestor Information (If deleting access, indicate accountholder's information.)					
Name		Position Title		Department	
Campus Address		Email Address		Telephone	
Role -----> Place a check mark in the box that best describes the requestor role ----->	Employee (faculty or staff)	Non-employee (faculty or staff, full or part-time)	Non-employee (consultant, temporary or affiliate)		
<p>Accountholder Agreement: Northeastern University systems are to be used according to the terms of the Appropriate Use Policy (www.help.neu.edu). I further agree to: access, distribute and share data, including test data, only as needed to conduct University business as specified in my position/engagement description, respect the confidentiality and privacy of individuals whose records or data I access, observing all ethical and legal restrictions that may apply, protect and be personally accountable for all work performed under my user id(s) and password(s), logout when leaving my workstation, report knowledge of security breaches to the University Data Administrator, and comply with all department and University security policies and procedures.</p> <p>NOTICE: This application is not an employment contract in any form, although adherence to these standards is a condition of employment or continued role. Access granted pursuant to this application does not give rights of any kind, and may be changed by Northeastern University without notice at any time.</p> <p>I have read and will abide by the above agreement and the Appropriate Use Policy (www.help.neu.edu). Under these terms, I request access to systems to be established according to the specifications on sheets attached to this application..</p>					
Requestor's signature			Date		
Part 2A: ACCESS REVOCATION DIRECTIVE. IF ALL ENTERPRISE REPORTING ACCESS IS TO BE REVOKED, MARK THE SPACE TO THE RIGHT →		DELETE ALL ENTERPRISE REPORTING ACCESS" → [] IF THIS SPACE IS MARKED, NO ADDITIONAL PAGES ARE NECESSARY. FAX THIS PAGE ONLY TO DATA SECURITY AT FAX #4354.			
Part 2B: Manager Approval and Agreement					
Manager Name		Position Title		Department	
Campus Address		Email Address		Telephone	
I approve this request for data access in accordance with University policies, and agree to notify DBS Security in the event the requestor transfers, terminates employment, or discontinues affiliation with NU.					
Manager's Signature			Date		

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Part 3: Enterprise Reporting Specifications

Requestor Name: _____

Access request type Check one box →	New access []	DELETE access []	MODIFY access []	
Reason for request Check one box →	New hire []	Termination []	Transfer []	New Responsibilities []

Enterprise Reporting ID (if other than a request for NEW access): _____

 Do not write the password

Option 1: I would like my access to be the **exact** duplicate of:

Name: _____ **ER ID:** _____

 ----- **Area below this line for Enterprise Data Services Use Only** -----

GRANT access as marked below. Check ONE box only below:

Institutional Research Group A	
Institutional Research Group B	
Human Resources	
Enrollment Management	
Provost	
Bouve College of Health Sciences	
College of Arts and Sciences	
College of Business Administration	
College of Computer and Information Sciences	
College of Criminal Justice	
School of Law	
College of Engineering and Technology	
School of Professional and Continuing Studies	

DEMOTE access from Institutional Research Group A to group B []

PROMOTE access from Institutional Research Group B to group A []

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REQUESTOR: KEEP THIS PAGE FOR YOUR RECORDS
Data Classification and Usage Restrictions

The following table describes the classification and usage restrictions attached to data accessed as a result of this request:

Classification	Usage restrictions
Student Data FERPA protected	<ul style="list-style-type: none"> • Release without student authorization is prohibited. • Copying/redistribution prohibited. • Viewing by other than authorized individuals prohibited. • Data views (reports) must be secured when not in use. • Data views (reports) must be shredded when no longer needed.
Health information HIPAA protected	<ul style="list-style-type: none"> • If usage not related to payment, treatment or health care operations, data may not be released without signed patient authorization. • Copying/redistribution prohibited. • Viewing by other than authorized individuals prohibited. • Data views (reports) must be secured when not in use. • Data views (reports) must be shredded when no longer needed.
NU Confidential	<ul style="list-style-type: none"> • Distribution or use outside the University prohibited. • Copying/redistribution prohibited. • Viewing by other than authorized individuals prohibited. • Data views (reports) must be secured when not in use. • Data views (reports) must be shredded when no longer needed.
Other	<ul style="list-style-type: none"> • Making of electronic copies prohibited. • Scanning of reports prohibited. • Unsecured public trash can disposal not approved. • Printed reports must be destroyed after use.

If there are any questions on data protection obligations, please contact ITSECURITY@NEU.EDU

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Approvals Page
Application not valid without signatures in blocks 1, 2 and 3.

Requestor Name: _____

University Planning and Research

1		Date
Primary		Secondary
Mark Putnam, 526 CP, x5038, Fax 5506 m.putnam@neu.edu		Nancy Ludwig, n.ludwig@neu.edu, 526CP, x8565, fax 5506 n.Ludwig@neu.edu

Data Custodians

Registrar Countersignature		Date	
2A			
Human Resources Countersignature		Date	
2B			
Data Subject	Type of access	Primary	Secondary
Registrar	Institutional Research Enrollment Management Provost & College	Linda Allen, 120 HA, x2307 Fax 5351, l.allen@neu.edu	Nina Ledoyt, 120HA, x2307, Fax 5351, n.ledoyt@neu.edu
Human Resources	Institutional Research Human Resources Provost & College	Robin Switzer 250 CP, 2230, Fax 5090 r.switzer@neu.edu	Pascal Viens 250 CP, 2230, Fax 5090 p.viens@neu.edu

Information Security and Identity Services

**Log. Retain copy of this document in ENTP REPORTING BOOK. Fax to Database Security at x8853
Notify Val Nestor when complete, then make log entry.**

3		Date
Primary		Secondary
Glenn Hill, 448 CP, x7718, Fax 4354 g.hill@neu.edu		Mark Nardone, 448 CP, 7901, Fax 4354 m.nardone@neu.edu

Access Granted

By	Date