BYU IDAHO | Human Resources
240 Kimball Building • Rexburg, ID • 83460-1670 • Phone: (208) 496-1700

Database Access Request Form and Confidentiality Agreement

INSTRUCTIONS: Please complete the top section of this form. Specify which access description you are requesting and the type of access requested. In the event that you took the tutorial for training purposes only and do not need access to the student database, please select the *no access required* box. Read and sign the acknowledgement, and include your department chair/director/supervisor name, signature, and phone extension to verify the access request. Submit this form to the Human Resources Office (Kimball 240). If access is requested, you will receive your login ID and password within two business days.

Note: For AS400/ISeries access, find someone in your office who has a similar job description and uses the menus and authorities that you will be using. Enter their login ID in the *Reference User Login ID* field below.

Date	Department	
Name (Last, First, Middle)	Email Address	
Position	User I #	Phone Extension

Access Description
    □ Faculty Web Access (I am a fulltime or part time faculty employee.)
    □ Student Employee Web Access (I am a student employee working in an academic department ie: chemistry, art, etc.)
    □ Administrative AS400/ISeries Access (Reference User Login ID _____)
    □ Student Employee AS400/ISeries Access (Reference User Login ID _____)
    □ No access required (For training purposes only; I do not need database access for my employment at BYU-Idaho.)

Access Request
    □ Add   □ Delete   □ Enable   □ Disable   □ Change (please specify the change)

By virtue of my employment at Brigham Young University-Idaho, I have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information or releasing my user information to any unauthorized person could subject me to criminal or civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates BYU-Idaho policy and could constitute just cause for disciplinary action including termination of employment.

Signed: _____ Date: _____

Name of Department Chair/Director/Supervisor	Signature of Department Chair/Director/Supervisor	Phone Extension of Department Chair/Director/Supervisor

(For Information Technology use only)

Human Resource signature confirmation _____

Menu User Name(s) _____ □ Profile   □ Menu

Menu System _____

Assign to Group Profile _____

Special Authority _____

Restrictions _____

Enrollment in PC/Support _____ □ Yes □ No

Programmer Approval _____ □ Yes □ No

Date of Action _____ Initials _____

Notified _____