

Jenzabar User Access/Data Request Form



Jarvis Christian College

US Hwy 80
Hawkins, TX
USA
75765

Phone: 903-730-4890
www.jarvis.edu

I.

Date:

Employee Type: Faculty Staff Administration

Employee Name:

E-mail:

Department:

Office Ext.:

Job title:

Bldg. Location:

II.

JENZABAR SYSTEM ACCESS REQUEST

Action Request:

New Update Terminate (term. date _____)

Requested Program:

PFaids Jenzabar

Module Requested:

Admissions Registration Business

Justification for Request:

Student Life Advising (JICS)

Please complete Section V indicating the level of access needed.

III.

STUDENT/EMPLOYEE DATA REQUEST

Requested Records:

Student Data Information Employee Info.

Specifics of Data Request (Please provide a brief description of data requested,, and the intended use of data) :

IV.

Criteria

Term: _____ Year: _____

Internal Use

External Use

Do you want all majors? ____ Yes ____ No

If no, then specify _____

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IV. (contd.)

Data Items Desired:

- | | |
|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Student ID | <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Class | <input type="checkbox"/> Permanent Address & Phone |
| <input type="checkbox"/> Address and Phone | <input type="checkbox"/> Cumulative GPA |
| <input type="checkbox"/> Semester Term GPA | <input type="checkbox"/> Cumulative Hrs. |

V.

	Role Name	What's Included	Access Level	Approved / Denied
<input type="checkbox"/>	JICS Advisement Module		<input type="checkbox"/> User <input type="checkbox"/> View <input type="checkbox"/> Mgr.	
<input type="checkbox"/>	Admissions Module		<input type="checkbox"/> User <input type="checkbox"/> View <input type="checkbox"/> Mgr.	
<input type="checkbox"/>	Registration		<input type="checkbox"/> User <input type="checkbox"/> View <input type="checkbox"/> Mgr.	
<input type="checkbox"/>	Business Module		<input type="checkbox"/> User <input type="checkbox"/> View <input type="checkbox"/> Mgr.	
<input type="checkbox"/>	PowerFails		<input type="checkbox"/> User <input type="checkbox"/> View <input type="checkbox"/> Mgr.	
<input type="checkbox"/>	Learning Management		<input type="checkbox"/> User <input type="checkbox"/> View <input type="checkbox"/> Mgr.	

BY SUBMISSIONS OF THIS REQUEST FOR JENZABAR SYSTEM ACCESS AND/OR STUDENT AND/OR EMPLOYEE DATA, THAT UPON APPROVAL, I UNDERSTAND AND AGREE TO THE FOLLOWING:

By proceeding to view data contained within the College's academic and/or administrative computing systems, I understand that the information contained therein is confidential and will maintained in an appropriate content and disclosed only in a manner that does not violate college policy and or federal laws governing disclosure information.

Personal identifiable information contained within the student records is governed by the Family Education Rights Privacy Act, FERPA of 1974, commonly known as the Buckley Amendment.

Furthermore, I agree that I will: 1. Only access data and/or request information that is to be used solely for the purposes of performing duties related to my job responsibilities. 2. Not disclose any confidential information to an unauthorized individual and/or agency. 3. Maintain proper password security by not allowing another individual to access the College's computing systems by sharing or giving out my User ID and/or password. 4. Update data in a manner that is consistent with a college and information computing systems.

I understand that upon discovery or failure to abide by the above, it may result in disciplinary actions, including termination of access, suspension from work and/or termination of employment.



I authorize the access for applicant applying whose name appears in the applicant signature and date line. I acknowledge that the applicant's Job duties require such access to the departmental Jenzabar Module and/or the requested data listed above

Applicant Signature and Date

Supervisor Signature

Vice President Signature

For Office Use Only:	Date Received: _____
Jenzabar/Admin: _____	Access Granted: _____
Registration: _____	Access Granted: _____
JICS Advising: _____	Access Granted: _____
LMS: _____	Access Granted: _____