Louisiana Technical College

Student Enrollment System (SES)Security Request

Fill out this form completely. Read and sign the security agreement, and return the form to your supervisor. The Regional Security Officer should email this completed form as an attachment to ses@lctcs.edu with the user's name in the subject field. Any questions or problems should be emailed to the LCTCS Security Administrator - Vonita Norman (vscott@lctcs.edu)

Completed By Applicant: (Fill in a separate sheet for each location)

Operator Id Action:
(select one)   ☐ New Operator ID   ☐ Modify Access   ☐ Delete Operator ID

Last Name: _____   First Name: _____   Middle Initial: ____

PS EMPLID: _____   Job Title: _____

Region: _____   Campus: _____

Phone Number: _____   Extention: ____   Email Address: _____

ACCESS TYPES

View and edit data	View data ONLY	Description
☐ Edit Student Module	☐ View Student Module	Student master, Additional Admissions Information, Test Scores, Perkins Data, Employment Data, Student Exit Data
☐ Edit Tuition Module	☐ View Tuition Module	Financial Aid, tuition and fees, and fee billing
☐ Edit Registration	☐ View Registration	Term Schedule Maintenance and Student Registration
☐ Edit Grade Reporting	☐ View Grade Reporting	Student Grade Maintenance
☐ Edit System Module	☐ View System Module	Classroom, Instructor, and Non-Credit Course Maintenance
☐ Reports		View, print, and export reports and data dumps

Last Name:		First Name:	

AUTHORIZATION To Assign SESID
(Departmental Approvals)

Confidentiality Statement

I understand that data obtained from any LTC campus is to be considered confidential and to NOT be shared with anyone not previously authorized to receive such data.

I understand that my SESID is my personal identification and proves permissions to valuable data and automated resources. My SESID is not to be share with any other employee. As the owner of a SESID it is my responsibility to protect the resources I have been permitted by protecting the confidentiality of my password. I understand that any use of my unique SESID is monitored and that I am accountable for how it is used.

Should you need to call for assistance with your SESID you may be requested to provide additional information to confirm that you are the SESID's true owner. Please fill in the following information, which will be used for that confirmation:

Mother's Maiden Name:

Father's First Name:

Employee Signature:

Supervisor's Name: Title:

Supervisor's Signature: Date:

(To be completed by the Regional Security Officer)

I verify that the individual whose name appears on this form is currently employed at the region/campus name above. I also authorize this employee to have the access indicated on this form. I understand that should this person leave the region/campus or be assigned to another position that I am to contact the LCTCS Security Administrator within one working day of the employee's change in status. I verify that all information on this form is accurate and complete.

Institution Security Officer

Name:

Title: Phone Number:

Signature: Date:

LCTCS Security Administrator Use Only:

Action Taken: Operator ID Assigned:

Signature: Date: