

Worcester State University Application for Colleague Account (aka Blue form)

Name: _____ **Department:** _____

Access is requested to the following template: (Additional signatures required for offices marked *, #)

<u>Office</u>	<u>Template Name</u>
<input type="checkbox"/> Academic Department *	_____
<input type="checkbox"/> Admissions *	_____
<input type="checkbox"/> Financial Aid *	_____
<input type="checkbox"/> Finance/Bursar's Office #	_____
<input type="checkbox"/> Graduate & Continuing Education *	_____
<input type="checkbox"/> Registrar *	_____
<input type="checkbox"/> Student Services *	_____
<input type="checkbox"/> Personnel *	_____
<input type="checkbox"/> Other _____	_____

In signing this request for access, the user agrees to abide by the Worcester State policies on Administrative Computing Security and on Confidentiality of Student Records (<http://uts.worcester.edu>). The user will utilize computerized information only as necessary in the fulfillment of job responsibilities and will protect the confidentiality of that information. The user agrees to maintain the privacy of his/her User ID and password and the user will not allow another employee to access information through his/her account.

FERPA Statement of Confidentiality:

I, the requestor/user of this account, understand that all correspondence, transactions, conversations, and policy information that I am privy to while working for the University is confidential information. This includes all information relating to policy and procedure discussions, student academic records and any other information regarding individual students, faculty or staff. I understand that this information shall not be shared with others except in the course of normal business operations.

I understand that all information is restricted to office/staff meeting use only. Information may only be discussed while in the course of duties in my respective workplace.

I also understand that ANY breach of this trust could result in my immediate termination from my position.

User Signature:	Date:
Registrar Signature*:	Date:
VPAA Signature*:	Date:
#Comptroller Signature:	Date:

**For Finance Use Only*

Do not display the codes below in a place where others can see or copy them.

Colleague User ID:	Unit(S):	Budget Manager (Y/N):
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