

Please complete this form online to request System Access for the indicated SIUE computer-based systems.

Type of Request : Add/Modify/Remove Terminate Audit _____

Special Instructions (i.e. user name/eid to copy for access profile of a system, start date, termination date, department employee is moving to/leaving, etc.):

Information:

800# University ID Last Name First Name SIUE e-ID Department Job Title Phone

Classification: Faculty Staff Student Other (Please explain): _____

Table with 3 columns of checkboxes (Add, Modify, Remove) and System Name columns, repeated 18 times.

Before the above system access request(s) will be granted, a signed Confidentiality Agreement form must be on file at ITS. One may access this form at: http://www.siu.edu/its/forms/index.shtml. For questions or assistance completing this form, please contact the ITS Helpdesk at 618-650-5500.

By signing this form, I acknowledge and understand that I am required to comply with all applicable federal laws, state laws, and federal, state, and university policies, procedures and regulations, including SIUE's Responsible Use Policy (http://www.siu.edu/policies/2d4.shtml) and Illinois Computer Crime Prevention Law (http://www.siu.edu/its/policies/law.shtml).

Approval Signatures:

User Signature Date

Name of Supervisor * e-ID (max 7 characters) Phone

Signature of Supervisor Date

Name of Fiscal Officer or Unit Head e-ID (max 7 characters) Phone

Signature of Fiscal Officer or Unit Head Date

* The supervisor is responsible for requesting modifications to or cancellations of this SARF when the account owner changes roles, leaves the department, or leaves the University.

Print completed SARF, obtain appropriate signatures, and send to Information Technology Services, Attn: IAM Team, Campus Box 1068, or fax to 650-3055.

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
EMPLOYEE CONFIDENTIALITY AGREEMENT**

As an Employee of Southern Illinois University Edwardsville (SIUE), it is understood that in order to perform the functions of my position, I may be granted access to a variety of secure and confidential data (e.g., social security numbers, bank information, salary information), systems and/or information. As such, I understand and agree to adhere to the following:

I understand that any access that I am granted to Southern Illinois University Edwardsville's information technology resources, including but not limited to, computer hardware, software, data, information or files, or resources or information owned by others, including University students or staff, is for the sole purpose of performing my job duties as an employee.

I understand and agree that as an SIUE employee, I am responsible for protecting secure and/or confidential data and information to which I have or may gain access, and except as is specifically required by my assigned job duties, I shall never directly or indirectly use, publish, disseminate, or otherwise disclose to any third party, any confidential or secure information, either during my employment with the University, or thereafter.

I agree to only access secure or confidential resources, data or information for the purpose of performing my job responsibilities as an SIUE employee.

I agree that I will not seek personal benefit, or permit others to benefit personally from any data or information that has come to them through their assignment as an SIUE employee.

I agree that I will not release any University data or information, or data or information owned by third parties, other than what is required for the completion of my assigned job responsibilities.

I understand that I must abide by all applicable federal and state laws and regulations, and University policies regarding the confidentiality of information, including but not limited to the Family Educational Rights and Privacy Act of 1974 (FERPA), which protects personally identifiable student information.

I understand that it is my responsibility to immediately report any violation of this agreement, or any other activity or action that compromises the confidentiality of secure data or information.

I understand that any breach of confidentiality regarding University or third party data or information may result in sanctions including suspension or revocation of computer access privileges, disciplinary action, up to and including termination of employment, and possible civil or criminal prosecution or penalties. I also understand that any misuse of University or third party data or information, and any violation of this Agreement or other related University policies are grounds for disciplinary action, up to and including dismissal, pursuant to any applicable personnel policies and/or collective bargaining agreements.

By signing this agreement, I certify that I have read the above, and that I agree to comply fully with its terms.

SIUE Department

University ID (800#)

Job Title

E-ID

Employee (Printed Name)

Employee Signature

Date

Date received (for ITS IAM use only) _____