



Office of the Registrar

1 Jessup Hall
Iowa City, Iowa 52242-1316
319-335-0238 Fax 319-335-2636

Osiris and/or Infobank Access Request Form (for faculty/staff use only)

Complete sections 1 and 2 online, then print out the form. Sign and date in section 3. Give form to Chair, Director, or Dean for signature. **Before submitting the form, complete FERPA training and competency quiz at [FERPA Training](#).**

Send the completed form to David Salisbury, Registrar’s Office, 1 Jessup Hall, or fax to 335-2636.

Section 1: Applicant Information

Name		HawkID	
Email	@uiowa.edu	Job Classification	
Department	Campus Address	Phone	

Section 2: Place a check mark in the box next to each requested application in OSIRIS (<http://osiris.uiowa.edu>).

Student Records – includes access to the Registrar data warehouse via the Infobank web interface (<http://infobank.registrar.uiowa.edu>). Default does not include Admissions Profile or Financial Aid (see below).

Assign course instructors and update course descriptions for department number(s)
This option also authorizes the user to update enrollment counts and give special permission for students to register for courses offered by this department.

View class lists and submit grades/attendance reports as a delegate for instructors for department number(s) . This option also authorizes the user to update enrollment counts and give special permission for students to register for courses offered by this department.

Approve final grades as delegate for DEO for department number(s)

Admissions Profile – requires approval by Admissions. Do not request this unless you really need it.

Financial Aid – requires approval by Student Financial Aid. Do not request this unless you really need it.

Section 3: Confidentiality of Student Records and Agreement to Comply

*My signature below signifies that I fully understand and agree to comply with the policy of the University of Iowa relating to confidentiality of student records. (Click [Student Records Policy](#) for a full explanation of the policy.) I also agree that I will not view any student record (currently enrolled or former students) unless I have a legitimate **educational** interest; i.e., for a reason that is required in my job assignment.*

Applicant Signature _____ Date _____

Section 4: Authorization by Department Chair, Director, or Dean (no signature stamp or delegate signature)

Printed Name _____ Title _____

Signature _____ Date _____

Received Registrar’s Office (date): _____ FERPA training confirmed by _____

Processed and applicant notified (date and initials): _____