



The University of Iowa

STUDENT DATA ACCESS AND COMPLIANCE FORM

PURPOSE: By signing this form you certify you are a user of Student Records data and that you agree to abide by the state and federal laws and University policies that apply to the proper use of data.

RESPONSIBILITY: The granting of access carries with it an implicit bond of trust that:

- You will store under secure conditions all data that you obtain from on-line panels, data warehouse or extracted datasets, including printed data as well as on-line transmissions of data (email, fax).
- You will be a responsible user of data, whether it is data relating to your own unit or another unit.
- You will make every reasonable effort to interpret data accurately and in a professional manner.
- You will sign off all Student Records systems when not using them.
- You will keep passwords to yourself.
- You will access only that information you need to perform your job at the University. This means NO casual browsing of student data.
- You will make every reasonable effort to maintain privacy of the data. This includes knowing what constitutes "directory" or public information and observing the student's right to withhold this information (see <http://www.uiowa.edu/registrar/WDIRFAC.HTM> and <http://www.uiowa.edu/~vpss/policies/i.html#c>).
- Whenever personally-identifiable student information is requested from you, if you are NOT CERTAIN of the requestor's "legitimate educational need to know," or the student's desire to withhold information, you will refer that request to the Registrar's Office. Examples: a student's advisor requesting the student's gpa has a legitimate educational need to know; the chair person of a social club to which the student belongs who makes the same request does not have a legitimate educational need to know.

VIOLATIONS: Misuse of the data in or from this system will subject you to disciplinary actions, up to and including termination.

CERTIFICATION: I understand my obligations as a responsible user of the data to which I have been granted access.

Name: _____ SRIS Logon ID: _____

Title: _____ Warehouse/Web Logon ID: _____

_____ Dept/Unit: _____

Campus Address: _____ Campus Phone: _____

Signature: _____ Date: _____

Mail completed form to: Office of the Registrar
1 JH
Iowa City, IA 52242

Or FAX completed form to: (319) 335-1999