UNIVERSITY OF ALASKA
ADMINISTRATIVE ACCESS STATEMENT/RULES
(Unix, Oracle, OnBase, Banner, & EDIR)

To Be Completed By User: Please PRINT

Name: **First** _____ **MI** _____ **Last** _____

UAID: _____ **Contact Phone:** _____

E-Mail ID: **(If Assigned)** _____ **Banner User ID:** **(If Assigned)** _____

Statement of User Responsibility and Rules of Conduct

All University employees and authorized systems users are responsible for the security and confidentiality of university data, records, and reports. Individuals who have access to confidential data are responsible for maintaining the security and confidentiality of such data as a condition of their employment. The unauthorized use of, or access to, confidential data is strictly prohibited and will subject the individual to disciplinary action as specified herein.

The system access rules of conduct and user responsibilities include, but are not limited to:

1. **System users shall not personally benefit nor allow others to benefit by knowledge of any special information gained by virtue of their work assignments or system access privileges.**
2. **System users shall not exhibit nor divulge the contents of any confidential record or report to any person, except in the execution of assigned duties and responsibilities.**
3. **System users shall not knowingly include nor cause to be included in any record or report a false, inaccurate, or misleading entry.**
4. **System users shall not knowingly expunge nor cause to be expunged a data entry from any record or report, except as a normal part of their duties. Due caution will be exercised in the disposal of documents and reports containing sensitive information.**
5. **System users shall not publish nor cause to be published any University records, reports, or other information, which contains confidential data for unauthorized distribution.**
6. **System users shall comply with information security procedures and rules of conduct as promulgated by the University.**
7. **System users shall not share passwords with anyone nor transcribe them in any manner, such as, but not limited to: written, stored, transmitted on computer systems, or imbedded within automatic login procedures.**
8. **No person shall aid, abet, or act in concert with another to violate any part of these rules.**

In addition to the above items, the users of Ellucian applications must comply with the conditions of the license agreement the University has established with Ellucian. The agreement requires you and your organization not to sell, give away, or circulate any part or all of the Ellucian system to anyone. The Ellucian applications are the property of Ellucian and they must be treated as Confidential information. Should you have any questions regarding the conditions for use of the system, please contact your campus information Security Coordinator.

Violation of these rules of conduct may subject you to loss of information access privileges, reprimand, suspension, or dismissal in such manner as is consistent with Regents' policies and University regulations, and to prosecution under Federal and State computer and information security laws.

I have READ and FULLY UNDERSTAND the Statement of User Responsibility and Rules of Conduct printed on this form and shall comply with such statement and rules.

User Signature: _____ **Date:** _____

PROCESSED BY: Security Administrator or Designee

Name: _____ **Date:** _____

UNIVERSITY OF ALASKA
ADMINISTRATIVE ACCESS REQUEST
(Unix, Oracle, OnBase, Banner, & EDIR)

To Be Completed By User: Please PRINT

Name: First _____ MI _____ Last _____

UAID: _____ **Contact Phone:** _____

E-Mail ID: _____ **Banner User ID:** _____
(If Assigned) **(If Assigned)**

Request Type: New User___ Transfer___ Termination___ Access Change___ Other___: _____

User Category: Faculty___ Staff___ Student___ Contractor___ Other___: _____

Department: _____ **Location:** _____

Details of Request

NOTE: I acknowledge my responsibility to conduct periodic reviews of employee access privileges and update those privileges in light of any job transfers, terminations or other changes.

Department Manager Signature below shows agreement and approval

Signature/Title: _____ **Date:** _____

Printed Name: _____ **Tel #:** _____ **Fax #:** _____

PROCESSED BY: Security Administrator or Designee

Name: _____ **Date:** _____