University of Idaho

Office of the Registrar
Fax: 208-885-9061 MS 4260

Student Information Access Request

Name: _____ V# _____

College/Department: _____ Job Title: _____

UIdaho Email: _____ NetID/UserName: _____

Current position appointment--select one:

- ❑ Board Appointed (Classified/Exempt)
- ❑ Faculty
- ❑ Temporary** End date/position _____**must include copy of approved job description with request &

**Sponsor Name: _____ Sponsor V# _____

University of Idaho Code of Responsibility for Security and Confidentiality of Records

Security and confidentiality are matters of concern to all University employees and to all other persons who have access to student administrative records, education records, reports, or any other confidential or privileged documents or information. The purpose of this code is to clarify responsibilities in these areas. Each individual who has access to student confidential or privileged information is expected to adhere to the standards stated below:

- Comply with federal and state law, including **FERPA**, and University policy regarding student information.
- Store student data under secure conditions regardless of format (report, email, fax, paper, etc.).
- Use student data only for **legitimate educational interests**, needed for job responsibilities. This means NO casual browsing of student records.
- Make reasonable effort to interpret student data accurately and in a professional manner.
- Keep passwords to yourself and secure.
- Make reasonable effort to maintain privacy of student data. This includes knowing what constitutes "directory" or public information and observing the student's right to withhold this information.
- Refer request for personally-identifiable student information to the Office of the Registrar. If you are unsure – refer.
- Violators of the above standards will have their access reviewed under APM 30.12 and APM 30.32.

I certify that I understand my obligations as a responsible user of student records to which I am requesting access.
Please keep a copy of this form for your records.

Signature: _____ Date: _____

Supervisor Approval/Department or College

I am the supervisor of the above employee and confirm that the job responsibilities of this individual require access student records to perform their duties for our department or college and I agree to ensure proper use of student data.
Please briefly describe job responsibilities: _____

_____

_____

Signature: _____ Date: _____

REGISTRAR USE ONLY

❑ QUERY Date: _____ ❑ REPORTING Date: _____

❑ SWAAVHL ❑ SGAADVR ❑ SOATEST ❑ Other: _____

❑ Faculty/Advisor VandalWeb ❑ Dept _____ ❑ Coll _____ Date: _____