

Indiana University Bloomington
Request for Access to Restricted Student Data
In SIS Financial Aid
For Users Outside of the Office of Student Financial Assistance

To request access privileges to SIS* Financial Aid for the Bloomington campus, please complete all sections of this form and send it in an envelope marked "confidential" to the following address:

ATTN: OSFA Data Manager
Office of Student Financial Assistance
Franklin Hall 208
Bloomington Campus

Maintain a copy of this form for your records. Please contact the OSFA at the email below once you have received confirmation of your completed access if you wish to schedule SIS Financial Aid training. Access requests may take up to 10 business days to be completed. If you have questions, please contact the OSFA Scholarship team at deptsch@indiana.edu.

**The Student Information System (SIS) is a PeopleSoft application used for admissions data, student records, financial aid, and bursar transactions.*

Part I: Security and Confidentiality Agreement (To be completed by the user requesting access.)

I understand that, as an employee of Indiana University:

1. My acceptance of access to restricted data signifies my acceptance of the responsibility to comply with the Indiana University **Release of Student Information Policy** (University Faculty Council) and the federal law, **Family Educational Rights and Privacy Act (FERPA)**. I have read the **Release of Student Information Policy**, have completed the **FERPA Tutorial**, and accept the responsibility to preserve the security and confidentiality of information that I access. I am aware that I am not to review, release, or change the records of financial aid applicants with whom I have a personal relationship, and that I cannot change my own financial aid record in any way.

Release of Student Information Policy

<http://registrar.indiana.edu/~registra/releaseinfo.shtml>

Annual Notification of Student Rights under FERPA

<http://registrar.indiana.edu/~registra/ferpa.shtml>

2. My access to the Student Information System (SIS) is issued because of my job responsibilities. Therefore, I am expected to:
 - Access only data needed to perform assigned or authorized university duties,
 - Not use data for personal gain or curiosity,
 - Maintain data about individual students in a secure fashion,
 - Use the information only for the purpose for which it was requested, and
 - Not release the information to any other individual or office for another purpose.
3. When accessing confidential or restricted student data, I must guarantee to maintain data about individual students in a secure manner, such that it cannot be viewed by screen access, file access, or in printed form by unauthorized individuals.
4. Any breach of confidentiality on my part may result in the immediate withdrawal of my access to all computer systems as granted by virtue of being an IU employee and/or other disciplinary action as well.

By my signature below, I acknowledge my understanding and acceptance of my responsibilities outlined in this document to preserve the security and confidentiality of information I access at Indiana University.

Signature of Employee

Date

Printed Name of Employee

Campus Telephone Number

IU Dept/Office

IU Campus Address

Employee HRMS University ID

IU Network Username (e.g. JBROOKS)

Part II: Type of Access Needed (To be completed by the user requesting access.)

Have you received introductory training in how to use SIS? **YES NO**

Place a check beside the type of access needed (select only one option). Please consult the senior fiscal officer in your unit to determine which is appropriate.

____ 1) Ability to VIEW ONLY, not to enter/update awards in SIS Financial Aid.

____ 2) Ability to view and enter/update awards in SIS Financial Aid.

Part III: Supervisor Review of User's Access Needs (To be completed by the supervisor of the user requesting access.)

Is the user above assuming the responsibilities of another IU employee? **YES NO**

If yes, please provide that person's name: _____

and IU network ID: _____

If yes, should that person keep his/her current access to SIS Financial Aid? **YES NO**

Has that person left IU employment entirely? **YES NO**

By my signature, I acknowledge that the information above is true to the best of my knowledge. I also acknowledge that if the user above has requested update access to SIS Financial Aid, I have consulted with the senior fiscal officer for my department to determine that the access request above is appropriate. Finally, I agree to notify the Office of Student Financial assistance at deptsch@indiana.edu once this user leaves his or her position in my department.

Signature of Supervisor

Date

Printed Name of Supervisor

Position/Title

IU Dept/Office

IU Campus Address

Campus Telephone Number

IU E-mail Address

Part IV: Fiscal Error Resolution Agreement (To be completed by the Responsibility Center (RC) Fiscal Officer for your unit.)

Note: This section is only required if the user requesting access above will have “update” access to SIS Financial Aid.

By my signature, I acknowledge the following:

1. I am the person responsible for providing oversight of the fiscal transactions processed by the user named above.
2. I will ensure that the accounts maintained by my department are reconciled according to University Policy in order to identify and correct any errors booked to those accounts through the monthly Student Financials accounting feed. I will also ensure that any Financial Aid entries that are processed for accounts in my department are reviewed for accuracy using IUIE reports in a timely manner.
3. If the user named above processes student awards in error, my department will resolve those errors in a timely fashion. I also understand that my department may be expected to provide funding to cover such errors.

Signature of Fiscal Officer

Date

Printed Name of Fiscal Officer

Position/Title

IU Dept/Office

IU Campus Address

Campus Telephone Number

IU E-mail Address