

**WHITMAN-HANSON REGIONAL SCHOOL DISTRICT  
TECHNOLOGY SERVICES DEPARTMENT**

**Request for Access- Student Information System  
Infinite Campus Access and Compliance**

**PURPOSE:** By submitting this form and requesting access to the Student Information System (SIS) you certify that as a user of SIS data you agree to abide by the federal Family Educational Rights and Privacy Act (FERPA) and district regulations and policies that apply to the proper use of educational record data and related security measures. The security measures serve four general purposes:

- To secure critical data from accidental or intentional abuse.
- To protect the privacy of the district students with respect to their electronic academic records and SIS data
- To provide access to enable an authorized district official/employee to perform the general and specific job duties outlined in his/her position description.
- To maintain satisfactory computing system operation for the benefit of all users.
- To properly dispose of any physical reports printed from SIS.

**RESPONSIBILITY:** The granting of access to SIS carries with it implicit responsibilities that:

- You will store under secure conditions all data that you obtain from on-line panels, databases or extracted datasets, including printed data as well as on-line transmission of data (email, fax, etc.).
- You will be a responsible user of data, whether it is data relating to your own school/department or another school/department. this is especially important given the shared environment of the SIS.
- You will make every reasonable effort to interpret data accurately and in a professional manner.
- You will log off SIS when not using it, and secure keyboard when away for brief periods of time.
- **You will not share your password(s) or others' passwords nor attempt to know others' passwords.**
- You will access only that information you need to perform your job. This means no casual browsing of data.
- You will make every reasonable effort to maintain privacy of the data. This includes knowing what constitutes personally identifiable and confidential information, and what constitutes "directory" or public information and observing the student's right to withhold this information.
- Whenever personally identifiable student information is requested from you, if you are not certain of the requestor's "legitimate educational right and need to know" or the student's desire to withhold information, you will refer that request to the Building Administrator or Technology Services Department, Asst. Director of Administrative Services.
- Building Administrators shall always address concerns to Technology Services, Asst. Director of Administrative Services or Superintendent of Schools. Examples: a student's advisor requesting the student's GPA has a legitimate educational right and need to know; the chairperson of a extra curricular club to which the student belongs and who makes the same request does not have a legitimate educational right and need to know.

I have read the Whitman-Hanson SIS Access and Compliance statement above and which is incorporated by reference into this signed request. I understand my responsibilities and obligations regarding data security and confidentiality. I am aware that failure to comply with security and confidentiality procedures or deliberate abuse of facilities or data can result in loss of access privileges and disciplinary action, including termination of employment, criminal prosecution, and civil suit. I understand my obligations as a responsible user of the SIS and the data to which I will be granted access.

NAME (printed):

SIGNATURE:

DATE:

POSITION/TITLE:

GRADE / DEPARTMENT:

PRIMARY BUILDING:

Employee: Complete the top portion on **SIDE 2** and then give the form to your supervisor or administrator (if you are the unit director, please **complete all of SIDE 2 and submit as indicated**). Retain a copy for your records.

## REQUEST FOR ACCESS TO STUDENT INFORMATION SYSTEM (SIS)

### TO BE COMPLETED BY EMPLOYEE

Name (print): \_\_\_\_\_

Action (check one):

New user/access to be added \_\_\_\_\_ Current user/access to be updated \_\_\_\_\_ Delete user access \_\_\_\_\_ Effective date: \_\_\_\_\_

I request access to: Alt Night Sch: \_\_\_\_\_ Conley \_\_\_\_\_ Duval \_\_\_\_\_ Hanson Middle: \_\_\_\_\_ High School: \_\_\_\_\_ Indian Head \_\_\_\_\_

Maquan: \_\_\_\_\_ Outside Placement: \_\_\_\_\_ Whitman Middle: \_\_\_\_\_

If Action is for "new user", describe the type of data that needs to be accessed, and explain the employment related reasons why the access is required (attach a separate sheet if necessary):

---

---

---

---

If Action is for "current user", explain reason(s) for change:

---

---

---

If Action is to "delete user", explain reason(s) for change:

---

### TO BE COMPLETED BY BUILDING ADMINISTRATOR OR DIRECTOR

If the employee has duties/tasks similar to those of a current employee, please identify the current employee: \_\_\_\_\_

If the employee is a replacement for another employee, please identify the former employee: \_\_\_\_\_

If the former employee transferred to another dept/bldg, please identify (if known): \_\_\_\_\_

I certify that the employee understands his/her responsibilities and obligations regarding SIS data security and confidentiality, and that he/she will be a responsible user of the data to which I am authorizing access

Supervisor Name (printed) and signature: \_\_\_\_\_

Date: \_\_\_\_\_ Extension: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Supervisor: Send the original authorization form to the Technology Services Department, Rm. 106, Regional High School, (fax # 7087) and keep a copy for your files. **Please allow at least 2 work days for the authorization process to be completed.**

**No access requests will be granted via telephone, and it is the responsibility of the building administrator / director to coordinate access PRIOR to employee needing such access. Requests for immediate activation will not be completed. All requests must be in writing with appropriate signatures. Forms not completed as required will be returned to the building administrator / director.**

### OFFICE USE ONLY

Campus Account: \_\_\_\_\_ Security Groups: \_\_\_\_\_

Enabled: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ by: \_\_\_\_\_