

Colleague and Benefactor Access Form

Please **PRINT CLEARLY** and return this form to Katie Shaughnessy in the ITS Department by fax at 617-573-8747. Please read Suffolk University's Computer Policy at www.suffolk.edu/offices/6054.html.

Last Name: _____ First Name: _____ MI: _____

Dept: _____ Title: _____ Ext: _____

Person You are Replacing: _____ (If temp/work-study) Projected End Date of Employment: _____

Home Street Address: _____ City: _____ State: _____ Zip: _____

Optional Information:

Home Phone: _____

System Password: You will be assigned a temporary system password and a temporary Colleague password when your account is first set up. You will be given instructions on how to change each one to something of your own choosing. Please do not use your login ID, first name or spouse's first name as your system or Colleague password. Staff in academic offices must receive training from the Registrar's Office before Colleague access is granted.

Staff Type (please check one):

Faculty: _____ Grad Assistant: _____ Staff: _____ Student Employee: _____ Work Study: _____

Application(s) required (please check): _____ Student Data: _____ Financial Data: _____

FOR ITS USE ONLY

Routing Order: Katie: _____ Programmer: _____

Please note that your passwords are confidential, and that all transactions done under your password are associated with you. If you suspect that your password has been compromised, contact ITS to have it changed immediately.

The information to which you are requesting access is confidential and protected by the federal law. Disclosure of confidential information to unauthorized parties violates the Family Educational Rights and Privacy Act (FERPA). You must access only the information needed to complete your assigned authorized task(s). You may communicate the information only to other parties authorized to have access in accordance with the provisions of FERPA. Failure to abide by FERPA provisions will result in immediate suspension of your account.

User Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

(Required)

Supervisor Name (Please Print): _____