

## SUFFOLK COLLEAGUE ACCESS REQUEST FORM

Use this form to request access to the interactive DATATEL information system.

New User

Name of User: \_\_\_\_\_  

FIRST NAME
MIDDLE NAME
LAST NAME

Suffolk ID \_\_\_\_\_ Desktop Login Name \_\_\_\_\_  Work Study  Temp  Consultant

Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone to contact User with login credentials ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Date access is to begin: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date access is to end: \_\_\_\_/\_\_\_\_/\_\_\_\_

Suffolk Email address: \_\_\_\_\_

### SUPERVISOR FILLS THE REST OF THE FORM

Fill in the box below to setup security for this new user:

SETUP SECURITY PROFILE AS

Name of Colleague user to use for new user security: \_\_\_\_\_

Suffolk ID \_\_\_\_\_

User Name \_\_\_\_\_ Disable this user account?  YES  No

If the box "SETUP SECURITY PROFILE AS" is empty, there are modifications needed to the profile specified above, the position is new, or there was not previous access to Colleague for this position, you must fill the area below:

**Applications Access:** (check all that apply)  
 CORE  ST  CF  CA  TOOL  UT

**Security Classes:** If you know what security classes are needed please fill the table below

APPLICATION	SECURITY CLASS	APPLICATION	SECURITY CLASS

**If no security classes are requested above, the section below must be filled.**

**Mnemonics needed:** List screens that are needed with their corresponding application

APPL	FORM	INQUIRY	APPL	FORM	INQUIRY	APPL	FORM	INQUIRY	APPL	FORM	INQUIRY
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
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		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>

**Records Access Setup**

If the "SETUP SECURITY PROFILE AS" box is empty, you must fill the section below

Applications Access: (check all that apply)

Allow Access to the following Offices:

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Allow Access to the following Privacy Coded Records:

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Allow access to the following Address Override Codes:

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According to the type of data access requested, you will be required to request approvals to obtain Colleague access to certain forms, by selecting the appropriate data gate-keeper from the **Data Gate Keepers Chart**.

Please email the gate keeper directly to request approval prior to submitting this form to the helpdesk, and include: a copy of this request, list of mnemonics to approve, and reason for requiring access in your email request. The Gate-keeper will email the approval, modified access or denial response to you and will copy ITS. Failure to obtain proper approvals will cause a delay in the process of this request.

The user will require the following Additional Access:

- Full Access to SSN     Partial Access to SSN     Access to DOB     Access to Perform Name Changes
- Access to Print Queues     Access to Print Checks

**IMPORTANT CONFIDENTIALITY DISCLOSURE**

Please note that your passwords are confidential, cannot be shared, and that all transactions done under your password are associated with your identity. If you suspect that your password has been compromised, contact the helpdesk 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 tasks(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.

**BY SUBMITTING THIS REQUEST FORM YOU ARE AGREEING TO ABIDE TO THE UNIVERSITY SECURITY AND CONFIDENTIALITY TERMS FOR DATA ACCESS**

User's Signature: \_\_\_\_\_

Manager's Printed Name: \_\_\_\_\_ ext \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Reason for Access Modification: \_\_\_\_\_

**ITS ONLY**

User Name \_\_\_\_\_ Colleague ID \_\_\_\_\_ Staff Record \_\_\_\_\_ Work Order # \_\_\_\_\_

Date Received \_\_\_/\_\_\_/\_\_\_ Date Access Request Complete \_\_\_/\_\_\_/\_\_\_

Initial Password \_\_\_\_\_ ITS Admin Name \_\_\_\_\_ ITS Admin Signature \_\_\_\_\_