

SIS

Office of Information Technology

Student Information System Access Application

Please use this form to request a new SIS account, request replacement for a terminating or transferring employee, or to request changes in your existing SIS access. Applicants for new accounts will be sent an SIS Users Manual which includes sample screens and instructions for using the SIS system. **Complete both sides of this application and forward to the Associate Director of Records for Student Information, Records Office, Cope room 102.** Incomplete applications will be returned.

Please check one: _____ New SIS Account
_____ Account Replacement
Please list PREVIOUS employee's name _____
_____ Change existing account
What is your four-digit SIS operator number? _____
(Please describe requested changes on the reverse side)

Please Print:

Name: _____
Last First Middle

SS#: _____ E-mail: _____

Official Title: _____ Phone: _____

Department: _____ Box: _____

Building/Room Number: _____ Dept. Acct. Number: _____

ACKNOWLEDGEMENT OF CONFIDENTIALITY. Some information contained in MTSU computer records is confidential. Users must be aware of the student's rights under applicable laws. All persons who have access to student records are governed by the Family Educational Rights and Privacy Act of 1975, which provides, in part, that confidential information may not be released to any person who does not have a legitimate educational interest. The current MTSU catalog provides information concerning the confidentiality of records and to assume proper use of computer resources, applicants for access to student data must sign the following statement:

I certify that the accounts assigned will be used only for work justified by the programs of MTSU. I understand that unauthorized use of data, computers, computer programs, systems, networks or supporting documentation is a violation of State and/or Federal statutes and is, therefore, punishable by fine, imprisonment, dismissal or other personnel action.

Applicant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

See Reverse Side

SIS ACCESS CATEGORIES

Please indicate your current job category.

Faculty
 Academic Departmental Secretary
 Academic Dean's Secretary
 Academic Support (Library, Health Services...)
Please indicate the hold flag(s) you have permission to update:
 Academic Department Chair
 Developmental Studies – Chair/Secretary _____ Counselor _____
Faculty _____
 Financial Aid
 Admissions – Director/Supervisor _____ Clerk/Student _____
Secretary/Graduate Assistant _____
 Other (please specify) _____

In addition to on-line SIS data access, please indicate if any of the following are needed.

FOCUS - access to an on-line system for users to write and submit requests for data;
requires special training
 ADHOC Reporting - On-line access to selected batch programs
Please check appropriate area(s): Student Records Admissions
 Billing/Receivables Financial Aid Institutional Research
 Developmental Studies

If this is a request to change your access, please describe the data and/or screen access being requested.

Approvals

Template: _____ Org Sec.Cl.: _____ Reg. Restr: _____

Associate Director of Records
For Student Information: _____ Date: _____

Office of Information Technology: _____ Date: _____

VAX Username: _____ UIC: [_____,_____] SIS Oper #: _____