

EAB Navigate Account Request Form

Office Use Only _____
Date Received _____

FACULTY/STAFF USE ONLY

PRINT OR TYPE ONLY. SUBMIT COMPLETED FORM TO NAVIGATE@MTSU.EDU OR OFFICE OF STUDENT SUCCESS, PECK HALL 142 P.O. BOX 500.

_____ MTSU ID # _____
Last Name First Name Middle

Department: _____ Phone: _____

Job Title: _____ Email: _____

- Staff
 Faculty
 Administrator
 Student
 Other

Choose the request that best suits your needs:
 Create a new account
 Remove an account _____

Account Name

Provide the following items with the request form:
 [FERPA Certificate](#)
 HR Job/Position description

Explain the need for access to Navigate with reference to specific job duties, functions, and/or responsibilities, as noted in your HR position description. _____

Do you plan to use the calendar scheduling features?
 Yes
 No

Acknowledgement of Confidentiality: I certify that the accounts assigned will be used only for legitimate, educational purposes, including MTSU academic and/or business operations, and that confidential information will not be released to any person who does not have a legitimate educational or business interest. I understand that these accounts will be used in accordance with MTSU policy, including, but not limited to, [Policy 121](#) (Privacy of Information); [Policy 910](#) (Information Technology Resources Policy); [Policy 500](#) (Access to Educational Records); [Policy 960](#) (Access Control); [Family Educational Rights and Privacy Act \(FERPA\)](#); Health Insurance Portability and Accountability Act (HIPAA); and all other applicable MTSU Policies, as well as, State and Federal statutes. I will exercise great care when dealing with sensitive information and/or Personally Identifiable Information (PII) including, but not limited to: social security numbers; birth date; insurance or patient identifiers; student GPAs and grades; credit card information; and bank information.

Applicant Signature

Date

Authorization: As departmental representative, I approve the access requested above. If the requestor of this account leaves this department and/or severs ties with MTSU, I will notify the Office of Student Success to modify or remove the account as appropriate.

Signature of Immediate Supervisor

Date

Phone

Office Use Only:
 Approved
 Denied
 Notes: _____

Reviewer Signature

Date

Navigate Permissions Assigned by

Date