

California State University, Long Beach
PeopleSoft Student Administration System Security Authorization



First Name	Last Name	Campus ID (EmplID)
Job Title	Email	
Department	Building & Room	Extension

Access:

- NEW ACCESS (check this option if establishing access for the first time)
- CHANGE ACCESS (check this option to change access – include all access required including your current access)

Employee Status:

- Permanent Faculty/Staff
 - Temporary Faculty/Staff
 - Student Assistant/College Work Study
- Appointment End Date: _____
- Appointment End Date: _____

MODULE	JOB REQUIREMENTS/NEEDS FOR ACCESS Provide a brief description of your access needs for each module	CMS Use Only
CAMPUS COMMUNITY		
ADMISSIONS		
STUDENT RECORDS		
ACADEMIC ADVISING		
STUDENT FINANCIALS		
FINANCIAL AID		
OTHER		
REPORTS		

I have read and will comply with the provisions for security & confidentiality of data as stated in the “CSULB Student Administration Confidentiality/Security Agreement”; that has been signed and included with this form. I further acknowledge that I have read and will abide by “CSULB Student Records Procedures” which outlines the campus guidelines for compliance with the Family Educational Rights and Privacy Act (FERPA). I have received or will receive adequate training prior to using the system.

Signature of Requestor	Date	Signature of Supervisor	Date
Signature of Division/College Authorization	Date		

Send original completed form with a fully signed Student Administration Confidentiality Security Agreement to: CMS SA Training Administrator, Brotman Hall Room 123. **Training is required prior to providing access.** After processing is completed, you will be contacted with instructions.

Student Admin Authorizing Signature	Date	Student Admin Authorizing Signature	Date
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