

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



Name: _____ Campus ID #: _____
 Last First (EmplID)

Job Title: _____ Email: _____

Dept: _____ Building & Room: _____ Ext: _____

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:

<input type="checkbox"/> Permanent Faculty/Staff		Office Use Only <input type="checkbox"/> Security agreemnt recvd
<input type="checkbox"/> Temporary Faculty/Staff	Appointment Ending Date:	
<input type="checkbox"/> Student Assistant/College Work Study	Appointment Ending Date:	

MODULE	JOB REQUIREMENTS/NEED FOR ACCESS Provide a brief description of your access needs for each module	Office Use Only
CAMPUS COMMUNITY		<input type="checkbox"/> Add <input type="checkbox"/> Replace
ADMISSIONS		<input type="checkbox"/> Add <input type="checkbox"/> Replace
STUDENT RECORDS		<input type="checkbox"/> Add <input type="checkbox"/> Replace
ACADEMIC ADVISING		<input type="checkbox"/> Add <input type="checkbox"/> Replace
STUDENT FINANCIALS		<input type="checkbox"/> Add <input type="checkbox"/> Replace
FINANCIAL AID		<input type="checkbox"/> Add <input type="checkbox"/> Replace
OTHER		<input type="checkbox"/> Add <input type="checkbox"/> Replace
REPORTS:		<input type="checkbox"/> Add <input type="checkbox"/> Replace
		Acad Org:

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 _____

Division/College Authorization _____ Date _____

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

Student Admin Authorizing Signature	Date
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Student Admin Authorizing Signature	Date
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