



Gaining Access

To gain access to *BeachScholarships* system or its associated systems, an employee must successfully complete the appropriate forms. This form must be completed and signed by the employee and his or her manager, then sent to the *BeachScholarships* Team. Note: This is a four-page document with required information on all the pages.

Requestor Information

Name	
Employee/ CSULB ID	
Email	
Phone	
Dept ID	
Dept Name	
Job Title	

Requestor Agreement

By signing this form, I certify that I have read and understand the statement of confidentiality of records. I understand that my User ID and password are to be kept confidential. Should I share this information, my ID will be revoked.

Requestor Signature	
Date Signed	

Approval (Level 4 Required)

By signing this form, I approve this employee for access requested on the following page, including access to confidential student and/or employee data.

Print Approver Name	
Approver Phone	
Approver Email	
Level 4 Signature	
Date Signed	

Access Request – Check Requested Items

Access will only be granted if the proper forms have been completed, and the functionality is required to perform your job.

To which scope are you requesting access? <u>(Please select only one)</u>	
<input type="checkbox"/> College of	
<input type="checkbox"/> Department	
<input type="checkbox"/> Scholarship Opportunity (List names if more than one)	

For what role are you requesting access? <u>(Please select one below)</u>	
<input type="checkbox"/> System Administrator - Manage users, configure system, create and maintain opportunities, update applications, award	
<input type="checkbox"/> College Opportunity Administrator - Manage opportunity information, review group setup and assignment, available funds, encumber funds, select intended recipients	
<input type="checkbox"/> Development - Access post acceptance information and donor/stewardship	
<input type="checkbox"/> Fiscal Management - Entering available funds and award detail	
<input type="checkbox"/> Review Chair - Access applications and monitor status of reviewers	
<input type="checkbox"/> View Only	
<input type="checkbox"/> Other:	

Additional Information <u>(Please identify purpose of gaining access):</u>

BeachScholarships Security Team Use Only

Security Administrator Approval	
Data Created/Updated	



BeachScholarships System Confidentiality/Security Agreement
Confidentiality of Student and Human Resource Records and Information Policy

Information contained in Student and Human Resource records for CSULB students, employees, and alumni must be maintained in a confidential manner at all times.

As an employee of an office that has access to records in the BeachScholarships System or from any other source, you are required to maintain this information in a confidential manner. The unauthorized access to, modification, deletion, or disclosure of information in the BeachScholarships System may compromise the integrity of the system or otherwise violate individual rights of privacy and/or constitute a criminal act.

An employee who violates this policy may be subject to disciplinary action up to and including dismissal from employment with CSULB.

_____/_____
(Name) (Division/Department)

as an employee of CSULB, agree to adhere to the established policy related to the security and confidentiality of human resources and student information. I understand my responsibility to maintain information in a confidential and secure manner, and agree to perform my job utilizing the security measures stated below:

1. I understand that access to confidential information via University computers or otherwise is to be used for authorized purposes only. All information processed or obtained is considered to be sensitive and/or confidential. Such information is governed by federal and state laws as well as University policies. Access to information is based on the "need to know" philosophy and must be directly related to my assigned duties at the University.
2. I understand that I am responsible for the security of whatever information I retrieve or otherwise obtain. I will provide necessary safeguards to secure all confidential information.
3. Where I have responsibilities for the reproduction, destruction or modification of information, I will follow all established procedures governing these responsibilities before taking action.
4. I understand that I am to restrict my retrieval and other computing activities and access to, and/or distributions of, confidential information only to that information which I have been specifically permitted to access as related to my assigned duties and using only functions and utilities that I have been authorized and trained to use.
5. I understand that I may not use the information access privileges granted me for the purpose of performance of my job for any personal gain or purpose, or for the personal gain or purpose of family, friends or business affiliates.

6. I understand that my University account/s and password/s are issued for my exclusive use for business purposes. Assigned passwords shall not be shared with or delegated to others. I am responsible for the security and confidentiality of my passwords.
7. I will not leave my computer unattended and visible while I am logged on and capable of accessing confidential or sensitive files, and if I work in a public area I will endeavor to place my monitor so that confidential or sensitive information can not be seen by those who are not authorized to see the information. I will log off the system or lock my computer whenever I leave the computer.
8. I will not leave printed materials containing confidential information unattended or visible to individuals who are not authorized to see the information.
9. I will not place printed materials containing confidential information in the wastebasket. I will shred or otherwise dispose of such printed material according to University procedures for the disposal of confidential information.
10. Students' rights of privacy and access regarding their educational records are articulated in the Family Educational Rights and Privacy Act of 1974 (FERPA), commonly known as the Buckley Amendment. Violation of this act comprises students' rights and places the University at risk. I affirm that I have read the campus procedures (CSULB Student Records Procedures, January 2003) and will abide by them.

I understand that failure to abide by this agreement can result in the revoking of my access and/or in disciplinary action. I further understand that illegal access of information may be a violation of California Penal Code Section 502 and therefore punishable both as a crime and through the University discipline system, up to and including dismissal from the University.

Employee Signature

Date

Position Title and Department

Witness (Supervisor, Department Chair, or HEERA Manager)

Date