SAN DIEGO STATE UNIVERSITY

REQUEST FOR SCREEN ACCESS TO SIMS/R

SIMS/R Guidelines

To obtain access to SIMS/R screens, you must agree to the following conditions:

1. You will only use your own account and password when accessing SIMS/R.
2. You will not disclose your assigned account and password to anyone.
3. You will keep account passwords in a secure location.
4. You may only disclose personally identifiable information on an individual student to faculty and staff who have a legitimate need for such information. Personally identifiable information will not be disclosed to other campus or off-campus individuals. Please direct such requests to Enrollment Services.
5. Students cannot be given access to faculty or staff accounts.
6. College coordinators or non-academic department directors should submit this form requesting an account cancellation should responsibilities change in such a way as to no longer require access to SIMS/R.

_____

RedID *Name (please print)* *Title*

_____

Department/College *Phone* *E-mail*

Type of Request: ___ New Account ___ Change Access ___ Cancel Account ___ Renew Existing Account

Describe the duties performed that require access to SIMS/R screens:

_____

_____

Student Screens Requested (if known): _____
(Access will be granted in **DISPLAY** mode only)

Curriculum Screens Requested (if known): _____
(Indicate type of access – **DISPLAY or UPDATE**)

I, the undersigned, am requesting access to confidential student information. I have read and understand the information stated above. I am committed to protecting the privacy of student records and adhering to the regulations identified in the Federal Family Education Rights and Privacy Act (FERPA) of 1974. I agree to only use my SIMS/R account to access information for which I have a legitimate, work-related need.

_____

Signature of Requestor *Date*

Approval *(In ink, no replicas)*

_____

Chair/Director Signature *Department* *Phone* *Date*

_____

Dean/Designee Signature (if applicable) *College* *Phone* *Date*

_____

Enrollment Services Representative Signature

Return form to the Office of the Registrar: Room SSW 1641, MC-7453
Allow 7 days for processing of accounts once received by the Office of the Registrar.

Request Completed by:	**Date Request Completed:**
Date User Notified:	
User Signature for Account Information:	**Date:**