

Ferris State University

**Alumni/Donor Records System
Data Security Assignment**

EMPLOYEE LEGAL NAME: _____ **PHONE:** _____
(Please Print First Name, MI, Last Name)

OFFICE ADDRESS: _____

TITLE/POSITION: _____ **Are you a student?** _____

NOVELL ID: _____ **TEMP PASSWORD** _____

DIRECTIONS: In the **first** box below, provide **all** information shown. **Sign and date** where indicated, and obtain your Supervisor's **signature and date**. **Return the completed request form to:**
DATA SECURITY WES 121B

Division: _____ **College:** _____ **Department:** Please check the items below that best describe the kind of Alumni/Donor Records access that is required for you to do your job: **Directory Information – View Only Event Information – View Only Giving Information --View Only Prospecting Information** -- View Only Other Type(s) of Information and Access

Required: _____ **Employee Signature:** _____
Date: ___/___/___ I hereby authorize the above named employee to have the Alumni/Donor Records System access requested above. **Supervisor's Supervisor's Name:** _____ **Signature:** _____
Date: DATA CUSTODIAN USE ONLY: Group: Data Custodian Signature of Approval: _____
Date: ___/___/___

DATA SECURITY OFFICE USE ONLY:

Date Assigned: ___/___/___ Date User Notified: ___/___/___

Notes: _____
