

Ohio Department of Higher Education - Higher Education Information (HEI) System

New OTC Attestor Authorization Form

This form must be completed to request a new Institutional OTC Attestor account. Each institution must keep a signed copy of this form on file and send form by email to: **Theresa Bryant** (tbryant@highered.ohio.gov). No account will be created until this form has been completed and received by ODHE. **Please complete this application by typing in data. Once all data is typed in the form, print the form, complete required signatures, scan form and email form to Theresa Bryant (tbryant@highered.ohio.gov).**

OTC:

- OTC Attestor** - (program, student information, enrollment, placement, credential data and OTC User accounts.

Name:

<i>First</i>	<i>Middle</i>	<i>Last</i>
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Title:

Department:

Telephone: _____

OTC Address: _____

City: _____ State: OH Zip Code: _____

Email Address: _____

Date Previous Attestor's account should be disabled: _____

Employee's Acceptance of Responsibility: My signature affirms that I have read and understand the responsibilities of accepting the OTC Attestor and agree to comply with the responsibilities and requirements contained therein. I understand that my password cannot be shared with any other person and will inform the appropriate contact at my institution when I no longer need restricted access to HEI data. I understand that any data retrieved from restricted queries are to be used primarily for official institutional purposes and any dissemination of these data to public settings must occur within the policy of responsible data dissemination described in the document mentioned above. Further, the records to which I will have access may contain individually identifiable student information, the disclosure of which is prohibited by the Family Educational and Rights and Privacy Act of 1974 (FERPA). I have read and understand my institution's written policy statement under FERPA and am aware that the penalties for violation of FERPA can be the withdrawal of federal funds from my institution, as well as, criminal and/or civil charges brought against me. I am also aware of all other institutional procedures pertaining to the security, use, and release of confidential information.

Print Name of Requestor: _____ Date: _____

Legal Signature: _____

Approved by Superintendent of Designee: _____

Date: _____

HEI OTC Attestor Responsibilities

The OTC Attestor acts as the single point of contact to the Department of Higher Education for their respective area. This includes:

1. Responsible for a direct productive relationship between all staff involved in data reporting at the institution, as well as the Ohio Department of Higher Education: ODHE staff and leadership, institutional data team members, and others in related academic/financial areas.
2. Keeping stakeholders well informed about HEI reporting related deadlines, expectations, responsibility, results, and provide feedback as needed.
3. Staying up-to-date on new data reporting requirements, HEI file changes, HEI system changes, and related law changes and inform others at their institution.
4. Forwarding emails or other communications from ODHE to all relevant stakeholders at their institution.
5. Coordinating and conducting activities (such as: attending all HEI related meetings, data quality and verification of ODHE reports, changes to existing data files or new data files requested, shifting timelines, gap analyzing, etc.) to ensure that HEI reporting and compliance requirements are met.
6. Assisting with transitions and training of institutional staff to ensure that data is reported correctly and in a timely manner when there is staff turn-over at their organization.