

ATTENTION: Chris Smith

**Ohio Board of Regents
Higher Education Information (HEI) System Request for Access to Restricted Data**

Campus User Authorization Form

This form must be completed by all campus employees who request a password from the Ohio Board of Regents to submit data to HEI and access restricted data. Liaisons/Financial Aid Contacts must keep a signed copy of this form on file and send the original or fax to: **Ohio Board of Regents, Data Management and Analysis, 25 South Front Street, 2nd Floor, Columbus, OH 43215-4183 or Fax: 614.466.5866.**

1. Campus employee for whom access to the HEI restricted data is being requested:

First Name: _____ Middle Name: _____ Last Name: _____
Title: _____ Department: _____
Telephone: _____ Fax: _____
Campus Address: _____
Email: _____ Institution: _____

2. Explain how your employment duties represent an educational interest* in the HEI restricted data areas

(*): Demonstrated need to know by those school officials of an institution who act in the students' educational interest, including faculty, administration, and other persons who manage student record information.

3. Acceptance of Responsibility:

Campus Employee

My signature affirms that I have read and understand the Ohio Board of Regents **Policies Regarding Access to and Dissemination of HEI Restricted Data**, 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 my campus liaison or financial aid contact when I no longer need restricted access to HEI. I understand that any data retrieved from restricted queries are to be used primarily for institutional planning 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.

Printed Name of Requestor

Legal Signature

Date