



# CANELINK SECURITY ACCESS REQUEST FORM

(Admissions)

This form is used to request new or a change in an employee's security role access in CaneLink. Please complete the form and email to [ITSupportCenter@miami.edu](mailto:ITSupportCenter@miami.edu) using your UM email account.

## REQUESTOR: (UM FACULTY OR STAFF)

<b>Name:</b>	<input type="text"/>	<b>E-mail:</b>	<input type="text"/>
<b>Cane ID:</b>	<input type="text"/>	<b>UM ID:</b>	<input type="text"/>
<b>Phone :</b>	<input type="text"/>	<b>Dept/Sch:</b>	<input type="text"/>

**NOTE:** You are responsible for getting your supervisor's access agreement, ahead of time, to your access request. Supervisors will receive copies of access notifications and correspondence.

## APPROVER: (UM MANAGER/SUPERVISOR)

<b>Name:</b>	<input type="text"/>	<b>Title:</b>	<input type="text"/>
<b>UM ID:</b>	<input type="text"/>	<b>E-mail:</b>	<input type="text"/>
<b>Phone :</b>	<input type="text"/>	<b>Dept/Sch:</b>	<input type="text"/>

**NOTE:** Supervisors are responsible for reporting employee transfers and terminations.

It is important to understand that the Family Educational Rights and Privacy Act (FERPA) protects student data from unlawful use and disclosure. Please review both the University's on-line FERPA training guide and the University's interpretation of FERPA

### University's Interpretation of FERPA

It is also expected that users will become familiar with the University's Acceptable Use of Computing Information and Technology Resources policy and be responsible for keeping passwords secret and that they will not use anyone else's password to access student information.

### Acceptable Use of Computing Information and Technology Resources

I have read, understand and will comply with the above links and this agreement. **(For Requestor Only)**

<b>Name:</b>	<input type="text"/>
<b>Date:</b>	<input type="text"/>

**ACCESS REQUEST**

**Request Type:**  New  Update  Remove (No longer UM Employee) **Cane ID:**

**PROFILE REQUEST**

**Profile Type:**

- New
- Copy

**Copy User Access:**

**Name:**   
**Cane ID:**

**UM ID:**

Is this person being replaced?  Yes  No

If yes, does this person still need access?  Yes  No

**FUNCTIONAL ACCESS**

(Please select at least one function)

- Add Application  Maintain Application  Test Score Information  Education Information
- Transfer Credit Information  Application Load  Test Score Load  Other (Enter in 'Comments' section below.)

**Comments:**

**DEPARTMENT SECURITY**

(Data Warehouse/OBIEE)

School/College Level:  Specify or  ALL

Department Level:  Specify or

I need access to Athlete information.

**ROW LEVEL / DATA SECURITY**

BioDemo (SSN & DOB):  Full  Partial  None

Institution/Campus:  GABLE  LAW  MED  RMC Institution/Career:  GRAD  LAW  MED  NOCR  UGRD

Admission Action:  Specify or  ALL

Program Action:  Specify or  ALL

Application Center:  Specify or  ALL

Test ID:  Specify or  ALL

**DEPARTMENT SUPERVISOR APPROVAL**

I (**Print Dept Supervisor's Name**) \_\_\_\_\_ approve access for the above named person. My signature below acknowledges I have read and agree with this form.

(Dept Supervisor's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**DATA CUSTODIAN APPROVAL**

**Comments:**

I (**Print Data Custodian's Name**) \_\_\_\_\_ approve access for the above named person. My signature below acknowledges I have read and agree with this form.

(Data Custodian's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Please complete the form and email to [ITSupportCenter@miami.edu](mailto:ITSupportCenter@miami.edu) using your UM email account.