



CANELINK SECURITY ACCESS REQUEST FORM

(Financial Aid)

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 using your UM email account.

REQUESTOR: (UM FACULTY OR STAFF)

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

Name:	<input type="text"/>	Title:	<input type="text"/>
UM ID:	<input type="text"/>	E-mail:	<input type="text"/>
Phone :	<input type="text"/>	Dept/Sch:	<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) and the Gramm-Leach-Bliley Act (GLBA); which protects student personal and financial data from unlawful use and disclosure. Please click the below links to review the University's interpretation of FERPA and GLBA.

[University's Interpretation of FERPA](#)

[Gramm - Leach - Bliley Act \(GLBA\)](#)

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)**

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

ACCESS REQUEST

Request Type: New Update 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)

- External Office View External Office View (PIR only) Other (Use Comments section)
- Student Services Center View (ECSI only) Student Services Center View
- Customer Service Representative (ECSI) Student Employment History (Workday)

Comments:

DEPARTMENT SECURITY

(Data Warehouse/OBIEE)

- School/College Level: Specify or ALL
- Department Level: Specify
- I need access to Athlete information.

ROW LEVEL / DATA SECURITY

Security Type:

- BioDemo (SSN & DOB): Full Partial None
- Institution/Campus: GABLE LAW MED RMC
- Institution/Career: GRAD LAW MED NOCR UGRD
- Academic Program: Specify or ALL

DEPARTMENT SUPERVISOR APPROVAL

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

(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) _____

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