



DATA WAREHOUSE ACCESS REQUEST FORM

(Student Records)

This form is used to request new or a change in an employee's security access in the Data Warehouse. Please complete the form and email to ITSupportCenter@miami.edu using your UM email account.

| REQUESTOR (UM Faculty or Staff) | |
|---|--|
| Name: <input style="width: 90%;" type="text"/> | Title: <input style="width: 90%;" type="text"/> |
| Cane ID: <input style="width: 90%;" type="text"/> | Phone: <input style="width: 90%;" type="text"/> |
| UM ID: <input style="width: 90%;" type="text"/> | E-mail: <input style="width: 90%;" type="text"/> |
| School: <input style="width: 90%;" type="text"/> | Career: <input style="width: 90%;" type="text"/> |
| Department: <input style="width: 90%;" type="text"/> | <input type="checkbox"/> I need access to Athlete Information. |

| COPY USER ACCESS (Should We Copy Another User's Access?) |
|---|
| <u>User Information:</u> |
| Name: <input style="width: 200px;" type="text"/> Cane ID: <input style="width: 200px;" type="text"/> UM ID: <input style="width: 200px;" type="text"/> |
| <input type="checkbox"/> This person is being replaced. <input type="checkbox"/> This person should retain their access. |

| FERPA TRAINING (Should be completed by Requestor Only) |
|---|
| If you have not completed the ULearn on-line FERPA training within the past year, please: <ol style="list-style-type: none"> 1. Find the login URL link here: http://miami.edu/ulearn 2. Click the ULearn Log in Button 3. Sign in with your Cane ID 4. Click Search the Catalog 5. Search for FERPA 6. Select the FERPA online class 7. Launch and complete the training |
| <input type="checkbox"/> I have completed required FERPA training within the past year. (This will be verified by the Registrar's Office) |
| Name: <input style="width: 250px;" type="text"/> Date: <input style="width: 250px;" type="text"/> |

APPROVER

(UM Manager or Supervisor)

Name:

Title:

Cane ID:

Phone:

UM ID:

E-mail:

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) _____

Supervisors are responsible for reporting employee transfers and terminations.

OFFICE OF REGISTRAR APPROVAL

(For Office of Registrar's Use Only)

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 email completed form to ITSupportCenter@miami.edu using your UM email account.