

**Campus Connection Student Records Access Request Form
PROFESSIONAL ADVISOR**

Submit form to: Office of Registration & Records, Ceres 110, NDSU Dept. 2831, P.O. Box 6050, Fargo, ND 58108-6050, Fax 701-231-8959

This form is designed for faculty or instructional staff requesting initial access or change in security access to student records information in the Campus Connection student information system. If you do not already have a Campus Connection account, please go to <http://claim.ndsu.edu> to obtain your User ID and set your password, then complete the NDUS [Data Privacy Training](#) prior to submitting this form.

New (initial) access

 Addition/Change in access

 Deletion of access

Legal Name First _____ MI _____ Last _____
Department _____ **Position/Title** _____
EMPLID # _____ **UserID (if known)** _____
Campus Phone _____ **Email Address** _____

*please provide an email address that can be used to contact you for follow-up questions (campus email preferred, if active)

I will be advising students in the following programs/plans & career levels:
 Programs/Majors: _____
 Career Levels: Graduate Undergraduate Professional (PharmD)

I will be teaching courses in the following subjects: *(please list prefixes or specific subjects, not course titles or numbers)*

Security Access Requested: Check all that apply.

Faculty/Advisor Role (For anyone teaching classes and/or advising): Access to master catalog, term schedules, teaching modules, class rosters, grade loading, assigned advisee information, and advisor holds.

- **Advisor-Probation Hold:** Placed by Registration and Records on academically deficient students. May be released by advisor after meeting with student about options and strategies for success.
- **Advisor-General Hold:** Placed by advisor or department and may be released by advisor.

 Class Permission Role: Allows faculty to assign electronic class permissions.

 Other, Please Specify:

I understand that by obtaining access to the ConnectND Student Administration system, I may have access to records which contain individually identifiable student information, the disclosure of which is restricted by the Family Educational Rights and Privacy Act of 1974, as amended (FERPA). I agree that I will access private student information only as necessary to perform my officially assigned duties as an employee of the University. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person in violation of FERPA and NDSU policy could constitute just cause for disciplinary action up to, and including termination of my employment. If in doubt, I understand I have an obligation to seek advice from the appropriate University officials.

I certify that I understand and agree to the above conditions.
 I also certify that I have completed the required Data Privacy training and understand what information may or may not be disclosed.
(link to training is available at www.ndsu.edu/registrar under 'Faculty & Staff Resources')

Signature: _____ **Date:** _____

Supervisor Name (please print): _____

Signature of Supervisor: _____ **Date:** _____

Please complete this form and return it to 110 Ceres Hall or fax to 701-231-8959. Completion of the online NDUS Data Privacy Training for Faculty and Staff will be verified before security will be assigned.

New users will be notified of their Campus Connection log-in information via email from the Connect ND Security Team.