

**Campus Connection Student Records Access Request Form
ACADEMIC DEPARTMENT STAFF**

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)

Security Access Requested: Check all that apply.

Biodemo Data: (Date of birth, citizenship, phone, email, address, etc.)
 Do you need to view SSN or Date of Birth information on students? **YES** **NO**
 If yes: Full SSN Last 4 digits of SSN Full Date of Birth Birth month/day only
 Rationale/Business Process: _____

Student Grades, Majors, Student Class Schedules, Intended Degrees, and Transfer Credit:
 Rationale/Business Process: _____

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

Application Data: (Admit term, admit type, admission status, program of study, etc.)
 Rationale/Business Process: _____

Advisor Holds: Indicate place and/or release ability.
 Release: Advisor-Probation Holds (Placed by Registration & Records on academically deficient students)
 Place **Release** **Advisor-General Hold** (Placed by advisor or department)

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.