

Documentum Authorization Form

Name: _____ Phone: _____

Dept: _____ EMPLID: _____

E-mail Address: _____ Username: _____

Select the type of action for this authorization:

New ID Change Access Delete ID

Home Repository:

Gen Admin Student Records UT_HCPC

School or Office:

- | | | |
|---|---|--|
| <input type="checkbox"/> Office of the Registrar | <input type="checkbox"/> School of Public Health | <input type="checkbox"/> School of Behavioral Hlth Sci |
| <input type="checkbox"/> Grad School of Biomedical Sciences | <input type="checkbox"/> McGovern Medical School | <input type="checkbox"/> Cizik School of Nursing |
| <input type="checkbox"/> School of Biomedical Informatics | <input type="checkbox"/> Purchasing | <input type="checkbox"/> General Admin |
| <input type="checkbox"/> Office of Student Financial Aid | <input type="checkbox"/> School of Dentistry | <input type="checkbox"/> Sponsored Projects |
| <input type="checkbox"/> MD Anderson UTHealth Graduate School | <input type="checkbox"/> MD Anderson
School of Health
Professions | |
| <input type="checkbox"/> Office of International Affairs | | |

Student Records information is confidential information protected by the Family Educational Rights and Privacy Act (FERPA). It is the responsibility of the employee to protect and hold confidential all applicant/student data according to FERPA.

Schools: _____

Signature-Assoc/Div Director

Print Name

Date

All individuals are responsible for the management of information resources and are accountable for their actions relating to information resources security. Individuals using information resources are expected to know and comply with published university policies and procedures. By signing this contract, you agree to only use the userid/password for the purpose intended and not to share or disclose a password. Failure on the part of any individual to comply may result in disciplinary action including suspension or termination of employment or contract. It is the responsibility of all personnel to report any suspected criminal or confirmed violations of this policy of UTHealth or appropriate management.

Employee: _____

Signature

Print Name

Date

Registrar: _____

Signature

Print Name

Date