

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:

Office of the Registrar

School of Public Health

School of Behavioral Hlth Sci

Grad School of Biomedical Sciences

McGovern Medical School

Cizik School of Nursing

School of Biomedical Informatics

Purchasing

General Admin

Office of Student Financial Aid

School of Dentistry

Sponsored Projects

MD Anderson UTHealth Graduate School

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