

Directions: All new and current employees needing access to student records and personal information, must complete this form in its entirety, including all signatures, before returning it to the Registrar's Office for processing. This form will not be processed and access not granted until completed.

Family Education Rights and Privacy Act Notice

All Academic and personal student information available in myUMBC is governed by UMBC's Policy on Disclosure of Records (see <http://registrar.umbc.edu/services/records/disclosure-of-student-records/>) and the Family Education Rights and Policy Act (FERPA). By submitting this request, I certify that I have read and understand these regulations and procedures and will act accordingly.

Note: Access to academic and personal student information requires departmental approval.

Part I: Employee Information					
Campus ID	Full Name (Last, First, Middle Initial)		Title	UMBC Email Address	
Department	Department Code	Office Phone Number	<i>Campus</i>	Main Campus	Shady Grove
				Off-Site	All Locations

Part II: Requested Student Administration (SA) Role – Select One of the Below		
Check One	Role Type	Role Description
<input type="checkbox"/>	Instructor	Allows the user to view their own teaching schedule and rosters but they cannot view transfer credit reports, degree audits, student schedules, or transcripts.
<input type="checkbox"/>	Faculty	Allows the user to view their own teaching schedule and rosters, give class permissions and advising authorizations and view transfer credit reports, degree audits, student schedules and transcripts.
<input type="checkbox"/>	Staff Advisor	Allows the user to give advising authorizations and class permissions, view transfer credit reports, degree audits and student schedules and transcripts.
<input type="checkbox"/>	Departmental Admin.	Allows the user all the same access as a faculty member but also includes the ability to view any class roster for the org to which they are tied.
<input type="checkbox"/>	Scheduling Coordinator	Allows the user to build a Schedule of Classes and to have administrative view of schedule of classes and catalog in SA.

Part III: Academic Level - Select All That Apply		
Undergraduate	Graduate	Continuing Education

Part IV: Academic Organization – Select All That Apply			
Admin and Managerial Sciences	Africana Studies	Aging Studies	American Studies
Ancient Studies	Asian Studies	Biological Science	Chemical, Biological, & Environmental Engineering
Chemistry & Biochemistry	College of Engineering & Information Technology	College of Arts, Humanities, and Social Sciences	College of Natural and Mathematical Sciences
Continuing & Professional Studies	Dance	Economics	Education
Emergency Health Services	English Language Center	English	Erickson School of Aging

Geography & Environmental Systems	Gerontology	Health Administration & Policy	History
Honors College	Interdisciplinary Studies	Information Systems	Judaic Studies
Learning Resource Center	Language, Literacy, & Culture	Mathematics & Statistics	Mechanical Engineering
Media & Communication Studies	Modern Languages & Linguistics	Music	Philosophy
Physical Education	Physics	Political Science	Psychology
Public Policy	Religious Studies	School of Social Work	Shriver Center
Sociology & Anthropology	Theatre	Visual Arts	Gender & Women Studies
UMBC – All Others			

Part IV: Description of Educational Need

*This section must be completed if (1) you are requesting access to student data, and (2) the title of the role you are requesting differs from your job title (for example, if you are requesting the "Staff Advisor" role and you are not an academic advisor). **IF NONE** of the roles of page one represents your specific need for student information. Please example the need here.*

Section V: Agreement

I understand that all academic and personal student information available in Student Administration (SA) is governed by the Family Education Rights and Privacy Act (FERPA) and UMBC's policy on disclosure of records (<http://registrar.umbc.edu/services/records/disclosure-of-student-records/>).

I certify that I have read and understand these regulations and procedures and will act accordingly.

Employee's Name (Print Name)

Employee's Signature

Today's Date (mm/dd/yyyy)

Section VI: Approval

All employees must have this form signed by their Department Chair, Dean, or Program Director

Department Chair/Director/Dean's Name (Print Name)

Department Chair/Director/Dean's Signature

Today's Date (mm/dd/yyyy)

Section VII: Registrar's Office Only

This area is for Registrar's Office use only.

University Registrar

University Registrar's Signature

Date Approved (mm/dd/yyyy)

Date Processed (mm/dd/yyyy)