

Secure Web Pages Authorization Form
Office of Institutional Research

For UND Personnel only. The completion of this form will allow access to the Office of Institutional Research web pages. Please return completed form to The Office of Institutional Research, Box 7106.

Name of person requesting authorization

Person's Name	Email Address	Dept	Box Number	Phone Number
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By signing this form, I agree that the data received will be used only for statistical analyses and reporting of aggregated information, and not for the investigation of specific individuals.

Signature _____ **Date** _____

As a UND Department Chair/Head I recognize that any other use of this information could be a violation of University policy and Section 8 of the Code of Student Life. Further, I realize that such a violation may result in loss of the privilege of obtaining further information.

Department Chair/Head

_____ Authorizing Signature

_____ Phone Number

_____ Date