

Request for Information Access / Security Access

1. Name of applicant: _____ 2. Date: _____
3. Title: _____ 4. EmplID: _____
5. Dept Unit: _____ 6. Degree Program: _____
7. Access Start Date: _____ 8. Access Termination Date: _____
9. Email of Person Requesting Access: _____

10. Account Type
New Account Request: <input type="checkbox"/>
Remove Access Request: <input type="checkbox"/>

11. Access Requested
*Embark Access: <input type="checkbox"/>
‡GradStats Reporting Access: <input type="checkbox"/>

Terms of Access:
<input type="checkbox"/> 12. Graduate Director: For the term of their appointment, reviewed each academic year. Full reader access with emailing privileges and analytics.
<input type="checkbox"/> 13. Graduate Admissions Committee: Access granted as appropriate to suit the needs of the department process. Needs begin and end date. Reviewed every academic year. Full reader access.
<input type="checkbox"/> 14. Administrative Staff: ONE year renewable access granted as appropriate to function, reviewed each academic year
<input type="checkbox"/> 15. Student Access: Access for students is renewable each semester. A start date and termination date for access must be indicated. Request must be accompanied by written proof of completion of <i>Connect ND FERPA</i> and <i>HIPA Training</i>
<i>Connect ND FERPA</i> and <i>HIPA Training</i> can be found at: https://apps.ndus.edu/dptraining/ http://www.und.edu/cnd/docs/UNDCoconnectNDFERPASTatementForm.pdf

* Embark access includes applicant information and documentation
 ‡ GradStats Reporting includes basic graduate school reporting functions

By signing this "Request for Information Access / Security Access" I hereby agree to follow all guidelines and procedures as outlined by The Graduate School at the University of North Dakota

16. Applicant Signature: _____ Date: _____
17. Graduate Director Signature: _____ Date: _____
18. Department Chair Signature: _____ Date: _____