

The University of Alabama in Huntsville  
Banner Student System Account Request Form

**Step One - Applicant Information:**

Dr.      First Name: \_\_\_\_\_  
 Ms.      Middle Name: \_\_\_\_\_  
 Mr.      Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Is your position full time or part time?       Full-Time       Part-Time

Department Name: \_\_\_\_\_      Office Phone Number: \_\_\_\_\_

Home Labor Account: (refer to your PAF) \_\_\_\_\_      A-Number/Charger ID: \_\_\_\_\_

**Step Two - Applicant Role:**

Which of the following closest match your role(s) with the University? Select all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dean              | <input type="checkbox"/> Staff Assistant             | <input type="checkbox"/> Senior Staff        |
| <input type="checkbox"/> Department Chair  | <input type="checkbox"/> Departmental Secretary      | <input type="checkbox"/> Director            |
| <input type="checkbox"/> Faculty/Advisor   | <input type="checkbox"/> Administrative Advisor      | <input type="checkbox"/> Researcher ( or PI) |
| <input type="checkbox"/> Faculty Full-Time | <input type="checkbox"/> Graduate Teaching Assistant | <input type="checkbox"/> Staff               |
| <input type="checkbox"/> Faculty Part-Time | <input type="checkbox"/> Student Assistant           |  |

**Step Three - Applicant Signature:**

I consent to the monitoring of my use of these computing resources for the purposes of accountability and authorized use. I understand that I am subject to disciplinary action and/or criminal prosecution for unauthorized use. I have read, understood, signed and will comply with the University Computer and Network Use Policy and the University Confidentiality Statement.

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Step Four - Department Authorization:**

I approve the requested access for this employee and understand it is my responsibility to have this account terminated when the applicant's employment is terminated or job functions no longer require access to these systems.

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Step Five: Return completed form to Registrar's Office (SSB 120):**  
(Be sure to retain a copy of your completed request form for your records.)

**Enrollment Services Use Only**

I approve the requested access for this employee for the role of \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Title: \_\_\_\_\_

# University of Alabama in Huntsville

## Confidentiality Statement

### Human Resource Information

The University of Alabama in Huntsville treats personal information about employees as confidential and respects the need for protecting each employee's privacy by enforcing secure information handling procedures on the part of all personnel whose job duties involve gathering, retaining, using or releasing personal information about the University's employees. The University collects and retains only such personal information as needed to effectively conduct business, maintain security and administer its employment and benefit programs. The University takes appropriate steps to ensure that personal and job-related information about employees is accurate, complete and relevant for its intended purpose. The University requires all personnel granted access to such information in order to carry out the functions of their job to strictly protect the confidentiality of information to which they may have access and to abide by this policy.

### Student Information

Student information is made available to University employees for the sole purpose of carrying out their official University functions. Any other use is prohibited. The privacy of student information held by the University is protected by federal law (Family Educational Rights and Privacy Act of 1974 (FERPA)). Personally identifiable student information must be used with discretion by University employees in carrying out the functions of their jobs. Policies on the use and disclosure of student information are available from the Office of Counsel and the Office of Admissions and Records. Other than directory information, no student information may be released to a third party without the student's prior signed and dated written consent. Third parties include other students, non-University employees, University employees without a legitimate educational interest in the student record and the student's parents (with limited exceptions). Information may be shared with other University employees in the completion of job duties. Directory information includes the student's name, address, telephone number, e-mail address, date and place of birth, enrollment status, class schedule/class roster, major field of study, participation in officially recognized activities and sports, weight and height statistics of athletic team members, dates of attendance, degrees and awards/honors received, the previous educational institution most recently attended, and a photograph of the student. Students may request that directory information not be

disclosed to any third party. If such a request is made, the student's electronic record will be updated with a confidentiality flag indicating that no directory information may be released without the prior consent of the student.

### Financial Information

The integrity of University records and financial reporting is critical to its on-going success. All assets, liabilities and transactions must be accurately and completely reported and supported by necessary documentation. All transactions must be authorized and executed in accordance with University policy and the instructions of management. Appropriate accounting and financial policies, procedures, controls and audit processes must be maintained. Financial reports which are made available to the University community, the Board of Trustees and the public must be prepared in accordance with generally accepted accounting principles as well as applicable laws and regulations.

Employees, regardless of their position in the organization, are required to follow internal policies and procedures designed to protect the integrity of University data and the confidentiality and privacy of all financial information. This includes adherence to procedures related to security of computer systems.

I have read this and understand this Confidentiality Statement and the University's Computer and Network Use Policy and agree to comply with the provisions of both. I further acknowledge that I understand that unauthorized disclosure of confidential information in violation of University policy could result in disciplinary action, including termination of my employment, regardless of whether criminal or civil penalties are imposed.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# FERPA

## Statement of Understanding:

### Employee (UAH faculty/staff)

I understand that by virtue of my employment at The University of Alabama in Huntsville, I may have access (in the course of my duties) to student educational records containing individually identifiable information, the disclosure of which is prohibited by the Family Education Rights and Privacy Act of 1974 (FERPA).

Along with the right to access comes the responsibility to maintain the privacy rights of students. The University of Alabama in Huntsville catalog discusses policy regarding student records at UAH. Student records are available to members of the faculty, staff and students who have a legitimate educational need to know in order to perform their duties as employees of UAH. However, you do have a responsibility to maintain confidentiality. Directory information as defined by UAH can be released to the public. Grades, Social Security Numbers, financial information and class schedules should never be released to anyone other than the student.

I acknowledge that I fully understand that the disclosure by me of this information to any unauthorized person could subject the university to administrative sanctions for violating federal law. I further acknowledge that such unauthorized disclosure also violates UAH policy and could constitute just cause for disciplinary action including termination of my employment. I have read the above and agree to maintain the confidentiality of student records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name [print]: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Any Comments or Suggestions: \_\_\_\_\_