

Student Accounts Billing System Request for Access

Action Requested (check only one)

- Add Access
 Delete Access

Operator's Information

User Requesting Access: _____ VUNet ID: _____
Please Print or Type

Email Address: _____ Work Phone # _____

Employee Request for Authorization:

- I have received my E-Password.
 I have completed the online FERPA Tutorial and Quiz with a score of 80 or higher required for access to the system.

Instructions for enrolling in the online FERPA tutorial may be found at http://registrar.vanderbilt.edu/cms/wp-content/files/FERPA_Tutorial_Instructions1.pdf

If granted access to the Student Accounts System (OSA), I understand that I am authorized to access the financial records of students for whom I have a financial need-to-know. I will restrict my use of this application on this basis. I further understand that the data I will be viewing is protected by the Family Educational Rights and Privacy Act (commonly known as FERPA or the Buckley Amendment). FERPA requires that I maintain the confidentiality of all student records, and that NO information from the billing records be released to a third party without written authorization from the student. I acknowledge that the information is the property of Vanderbilt University. I agree that I will not transfer the use of my Operator ID or password to another person and acknowledge that any violation of security or transfer of my Operator ID or password may result in disciplinary action that could include termination.

User Signature

Date

To be completed by operator's supervisor This request is for:

- View Customer Accounts (Student Account Detail) Group Data Entry Enter Graduate Awards Student Service Ctr (Student Financial Info View)

Are you replacing someone? Who is the staff member this operator is replacing: _____
Please Print or Type

Please state below the reason access is required for the completion of this individual's job duties:

Supervisor Name (Please Print or Type)

Supervisor Signature

Supervisor E-Mail Address

Supervisor Phone #

Date

Home Dept. Name _____ Home Dept. #: _____
(2nd two digits of your Center Number)

**Return completed form to: Chris Cook, Office of Student Accounts, Station B, Box 1671;
Fax: 343-8511; Phone: 322-6693**

Student Accounts Billing Systems Security Trustee:

Chris Cook, Bursar

Date