

**CLEVELAND STATE UNIVERSITY  
Request for Access to PowerFAIDS**

All sections must be filled out or form will be returned.

Name \_\_\_\_\_ Campus Phone \_\_\_\_\_ ID \_\_\_\_\_  
 Title \_\_\_\_\_ Department \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

**SECTION A – ACCESS REQUESTED**

Describe the information you are requesting:

I acknowledge the right granted by the University to access University records. I understand that this information is protected by various state and federal laws (FERPA, HIPAA, etc.) and access is governed by the Cleveland State University's *Technology Resources General Policy* and *Technology Policies*. I will insure that all the applicable provisions of the laws are obeyed. Access will be limited to a 'need-to-know' basis and under no circumstances will I release information unless I am the authorized University official responding to a public records request.

As Supervisor, I understand that violations of confidentiality, security, or breaches of security access (including any inappropriate usage) of which I am or reasonably should have been aware by any listed person reporting to me will subject me to disciplinary and/or legal sanctions as set forth in University policy.

As Employee, I understand that violations of confidentiality, security, or breaches of security access codes will be subject to disciplinary and/or legal sanctions as set forth in University policy.

Disciplinary sanctions may include dismissal from my position at the University if the violation results from or in any way relates to negligence or other unsatisfactory performance of my job responsibilities including the implementation/management of the Policy of Appropriate Use of University Computing Resources and the Information Security Policy.

**I agree to comply with all institutional policies regarding the security and proper use of the information requested and I hereby acknowledge that I have received and read the *University Information and Technology Resources General Policy*.**

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Please note: the Supervisor is responsible for notifying PeopleSoft Security when the employee is no longer working in the listed department or when any information in Section A changes.)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B – APPROVALS**

*FOR OFFICE USE ONLY*

Role: \_\_\_\_\_

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions:

Security Assigned By: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

### Purpose

This form is to be used to request permission to view and/or update information contained in the PowerFAIDS applications as implemented for Cleveland State University. The information collected in Section A is used to determine the 'user role' that should be assigned to the individual requesting access. Information documented in Section B is used to establish the appropriate security settings for the individual.

### Steps

1. **Complete the very top of the form** that asks for your name, department, etc.

**Complete Section A** by describing as thoroughly as possible the information you need to access. If you have questions, please contact Financial Aid.

2. This form must be sent to Financial Aid who will complete Section B. The form will then be forwarded to the Security Administrator in IS&T for processing.