

# Roanoke Chowan Community College

## Colleague Mnemonic Security Class Request

New Access     Add/Modify Access     Disable Access- Effective Date \_\_\_\_\_

User's Name: \_\_\_\_\_ User's ID: \_\_\_\_\_

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

Email: \_\_\_\_\_

Colleague Environment:

CF \_\_\_\_\_  
GL, AP, etc

HR \_\_\_\_\_  
HR, PR, etc

ST \_\_\_\_\_  
AR/CR, FA, etc

**Please complete the sections(s) that apply to your request:**

### **Adding a New User**

Provide the new user's position and what access they need in Colleague. If the new user is an exact replica of an existing Colleague user, indicate the Colleague login name to use as a model.

### **Adding or Removing Existing Mnemonics to a User's Access**

Provide the user login name and the desired mnemonics.

User Login Name: \_\_\_\_\_

List Mnemonic(s)

Do Only These	Inquire Only	Never Do These	Privileged



## Colleague User Acknowledgement

I understand that I am requesting access to confidential information, and I agree to use this information in accordance with College policies and the Family Educational Rights and Privacy Act (FERPA).

FERPA guidelines specify that the College will not disclose personally identifiable information about a student without the student's prior written consent. Exception is granted to college officials who have a "legitimate educational interest" such as an academic advisor. However, under no circumstances can this information be disclosed to a third party without express written authorization of the student.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Authorization

Approval for all requests on this form must come from the employee's Director, Dean or the President. If access is being requested to Colleague mnemonics that are part of another functional area, then the Director or Dean authorizing this form is responsible for securing authorization for the mnemonics from all other relevant Directors, Deans and President when necessary.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

***Please complete and sign the form and send to [meleary3157@roanokechowan.edu](mailto:meleary3157@roanokechowan.edu) or bring to IT Jernigan 110.***