## **Roanoke Chowan Community College**

## **Colleague Mnemonic Security Class Request**

□ New Access	□ Add/Modify	Access $\square$ I	Disable Access- Effe	ective Date	
User's Name:			Jser's ID:		
Department:			Extension:		
Email:					
Colleague Environr	nent:				
GL, AP, etc	HR	HR, PR, etc	ST	AR/CR, FA, 6	etc
Please complete th	e sections(s) tha	at apply to your	request:		
Provide the new use replica of an existing					
Adding or Removi Access Provide the User Login Name:					
List Mnemonic(s)					
Do Only These	Inquire Only	Never Do These	Privileg	ged	Roanoke- Chowan COMMUNITY COLLE

## **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
If access is being requested to Colleague mn	come from the employee's Director, Dean or the President. emonics that are part of another functional area, then the Director for securing authorization for the mnemonics from all other n necessary.
Print Name	Print Name
Signature	Signature
Date:	Date:

Please complete and sign the form and send to <u>cehall@roanokechowan.edu</u> or bring to IT Jernigan 110.