

Quinsigamond Community College

Faculty Application for Access to Computerized Student Records System

Access is issued to Quinsigamond Community College members upon request by their respective VP or Dean. This access is to be used only by the individual to whom the user ID is assigned, and only for the purpose of performing administrative data processing within the confines of the individual's official college duties. Unauthorized use of any administrative data may be a violation of the privacy rights of individuals enrolled at the College and/or a violation of state and/or federal law.

Faculty Name: _____ Telephone: _____

Home Address: _____ Email: _____

Please indicate your position at the College:

Full Time Faculty: _____ Part Time Faculty: _____ Department: _____ (Ex. English, Math)

If you are a part time faculty member and you would like to use the Web to enter your grades, you must have an email address, please indicate your email address _____. If you do not have an email address the College will provide one, contact your Dean's secretary.

Name of VP or Dean: _____

Signature of VP or Dean: _____ Date: _____

Confidentiality Statement: (Please Read Carefully)

As a member of the Quinsigamond Community College community whose position responsibilities require interaction with the computerized student records system I understand that I may be provided with direct access to confidential and valuable student data. Accordingly, I shall access such student information only in the conduct of my official college duties and in compliance with the Family Educational Rights and Privacy Act (FERPA) which is a federal law designed to afford students certain rights regarding the disclosure of their education records.

In the interest of ensuring the secure and proper use of this data, and in respect for the privacy of others, the College has established the following operational principles:

1. Employees will maintain the confidentiality of their password.
2. Employees will maintain or view the data to which they have access in strictest confidence. The information viewed will not be shared in any manner with others who are unauthorized to view such data.
3. **Any instances of a request for student information beyond Directory Information (including requests from law enforcement officers) should be directed to the Registrar. (Directory Information = name, address, major, dates of attendance, full time part time status, and participation in officially recognized activities and sports)**

I have been given copies of and have read and understand the Institution's FERPA Policy Statement and the Confidentiality Statement referenced above.

FACULTY SIGNATURE

DATE

WHEN EMPLOYMENT CEASES ACCESS WILL BE TERMINATED
RETURN THIS FORM TO YOUR INSTRUCTIONAL DEAN