AUSTIN PEAY STATE UNIVERSITY
POLICIES AND PROCEDURES MANUAL

Policy Number: 2:010	Supersedes Policy Number: New Policy
Date:	Dated:
Subject: Electronic Access to Student Records	
Initiating Authority: Vice President for Academic Affairs	TBR Policy/Guideline Reference: S-020
Approved: _[signature]_	_2/15/02_ President:

Purpose

The purpose of this policy is to develop procedures at Austin Peay State University for electronic access to student records consistent with TBR Guideline S-020, Confidentiality of Student Records.

Disclosure within the Institution

Only University officials and /or persons employed by the institution who exhibit a genuine need to know based on a legitimate educational interest may have access to students' record. A legitimate educational interest shall be limited to an interest arising from the faculty/staff member's fulfillment of his/her assigned responsibilities and disclosure shall be limited to such information as necessary to fulfill these responsibilities.

Request for Electronic Access

1. Faculty/staff members must apply through their respective department for an academic and/or administrative account and for access to menus and screens.

2. The request for an account is forwarded to Computer Services for processing.

3. The request for access to menus and screens is forwarded to the individual responsible for the menu/screen for approval and processing.

4. Templates must be used to insure that faculty/staff members within the same category have the same access (i.e., the "Faculty Advisor" template includes the following SIS screens: 041, 148, GRP, HOL, MID, 04E, 007, 008, 136, A89, 105, 003, 0438, 107, 111, 1G7, 1F2, 1F5, A11, IEI, 118, 130, 143, 144, 127, 205, 209, 211, LAP, GRI, TRI, 144, 143, 142, 141, 036, 035, RES, GRD, 651, 652, 654, 655, 672, 681, MAJ, 142, R30, 221, CAL, 210, A13.)

Appeals Process

If the faculty/staff member's request for access is denied, he/she may appeal through Academic Council.

FACULTY/STAFF/STUDENT WORKER
ACCOUNT APPLICATION

Name: _____

Department: _____

Purpose for Account: _____

_____

Date: _____

Dept. Acct. Number: _____

Expiration Date: _____

Type of Service: Academic ( )   Administrative ( )   Computer Services Staff ( )

A USERNAME AND PASSWORD are required to login the VAX. Your USERNAME (no more than 12 characters) consists of your last name followed by your first initial. (e.g. John Smith - Username SMITHJ). Initial PASSWORD is your Social Security number. At first login, you will be forced to change the password.

USERNAME: _____   SOCIAL SECURITY NUMBER: _____

I have read the *AUSTIN PEAY STATE UNIVERSITY CODE OF COMPUTING PRACTICE* and I agree to abide by these regulations while using this system. (Regulations may be found in the APSU Policies and Procedures Manual or may be obtained from Computer Services.)

_____   _____
User's Signature   *Date*

Approval: _____   _____
Supervisor's Signature   *Date*

Device: _____ Directory: _____ UIC: _____

Exceptions to Default Account: _____

Date Entered: _____ By: _____ Acct: _____
                                                                          NB   P

Date Removed: _____ By: _____ Acct: _____
                                                                          NB   P

MENU PROGRAM ACCESS FORM

Supervisor's Signature

Supervisors will fill in this form after their employee has an AlphaServer account. If you want to grant access to a program controlled by another office, the supervisor of that office must sign in the rightmost column. Be sure that the AlphaServer username matches the employee's username on his/her original AlphaServer account application.

ADDITIONS TO PROGRAMS

Employee Name	AlphaServer Username	Name of Menu Program	Signature (If owned by another office)

DELETIONS FROM PROGRAMS

Employee Name	AlphaServer Username	Name of Menu Programs (If all write "all")

DELETE ENTIRE ALPHASERVER ACCOUNT
☐ YES   or   ☐ NO

Date Completed:_____ By: _____

SIS Screen Security

Operator Identification - Indicate action using one of the following:

A - Add Screens   D - Delete Operator from SIS   R - Replace Screen Security

Action_____   Name_____   Date _____

Username_____   Department_____

I. Screens - Indicate the *function* and *screen*(s) the user has access to. Use one of the following function codes:

A- Update & Inquiry   D-Deny   I- Inquiry   **Example**: I-136

Shared Components (000-099), Student Records
and On Course (100-199, 600-699, A Screens)

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

....
Director of Records & Registration   Date

Admissions (200-299, L Screens)

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

....
Director of Admissions   Date

Financial Aid (300-399)

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

....
Director of Financial Aid   Date

Billing/Receivables (400-499)

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

....
Director of Business Services   Dat

Other Modules (R20-R, Etc.)

___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___   ___-___

III. SIS Signoff (Computer Services Use)

....
Owner of Screens   Da

SIS Security Approval   ....
SIS Coordinator   D: