

Request for ODS, ANDI, and TERA Development/Production Account(s)

Fax completed form to Enrollment Services Tech Team at 974-0727.

Name: _____ Request Date: _____
(Last First Middle Suffix)

NetID: _____ E-mail: _____ Phone: _____

UT Position/Job Title: _____

College: _____ Dept: _____

	Query Access	Update Access
KBANODS (Production)		
ODSD (Development)		
ODSQ (Verification)		
ADVP – ANDI Production		
ADVD – ANDI Development		
ADV – ANDI Verification		
TeraProd_UTK		
TeraProd_RamsesUTK		
TeraProd_WF		
TeraDev_UTK		
TeraDevRamses_UTK		
TeraDevWF_WF		

Provide an explanation of how you intend to use your access to these database(s). Access will not be granted without an explanation. Access will be granted based on your explanation and job function/role within the University.

TERMS OF SYSTEM USE

This system and all data it contains is the property of the University of Tennessee. It is for authorized use only. Users are expected to comply with Information Technology Policy 110, Acceptable Use of Information Technology Resources. In addition, information in this system is protected under FERPA and by accessing this system you acknowledge you are aware of the restrictions on sharing any such information.

Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil charges/criminal penalties. By using this system, you indicate your awareness of and consent to these terms and condition of use.

SECURITY OF USER IDS AND PASSWORDS

Your user ID and password may not be shared with anyone. This account is set up for only your use. You may not log anyone else on with your user ID or password. You may not leave your account up and running while you are out of your office. To secure your account, you must either log off the system or protect your PC with a password (e.g. screensaver password).

CONFIDENTIALITY OF EDUCATION RECORDS

The confidentiality of education records is governed by The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. & 1232g, as amended, and its implementing regulations, and the confidentiality provisions of the Tennessee Public Records Act, Tenn. Code Ann. & 10-7-504 (a)(4). Absent the student's written consent, review and approval by the Chancellor, the Dean of Students, the Asst. Provost of Enrollment Services, or the University Registrar (or their designees) is required for the exercise of the statutory exceptions to the confidentiality of education records, including any lawful disclosure to non-University persons or agencies and disclosure under emergency circumstances.

CONFIDENTIALITY AGREEMENT: I understand that under mandate of federal and state laws identified on this form, University policy protects the confidentiality of education records (including student academic histories) and information contained in education records. Without the student's written consent, I will not disclose education records or information contained in education records to any person or organization outside the University or (2) to any office or individual within the University community unless that University office or individual has been determined by the University to have a legitimate educational interest. I will keep the records and information I retrieve in such a way that they cannot be accessed by unauthorized persons, and when no longer needed for the purpose(s) described below, I will destroy all copies so that they are no longer recognizable. I will use the education records and information in those records solely for the following legitimate educational purpose(s) related to my University employment.

By signing below, I certify that I understand and will comply with the above-stated limitations on disclosure and use of all education records I access through my Banner account. I understand that failure to comply with these limitations is a violation of University policy subject to disciplinary action up to and including termination of employment. I further understand that failure to comply with the restrictions outlined on this form concerning security of my user ID and password is a violation of University policy subject to revocation of access and disciplinary action up to and including termination of employment.

Signature: _____ Date: _____

Approval required by Dean, Director, or Department Head

Approved by (Please print): _____ Title: _____

Signature: _____ Date: _____