

DATA WAREHOUSE ACCESS REQUEST FORM 🔱



(Student Records)

This form is used to request new or a change in an employee's security access in the Data Warehouse. Please complete the form and email to ITSupportCenter@miami.edu using your UM email account.

| REQUESTOR (UM Faculty or Staff) | | | | |
|--|--|--|--|--|
| Name: Title: | | | | |
| Cane ID: Phone: | | | | |
| UM ID: E-mail: | | | | |
| School: Career: | | | | |
| Department: □ I need access to Athlete Information. | | | | |
| | | | | |
| COPY USER ACCESS (Should We Copy Another User's Access?) | | | | |
| User Information: | | | | |
| Name: Cane ID: | | | | |
| UM ID: | | | | |
| \Box This person is being replaced. \Box This person should retain their access. | | | | |
| FERPA TRAINING | | | | |
| (Should be completed by Requestor Only) | | | | |
| If you have not completed the ULearn on-line FERPA training within the past year, please: | | | | |
| Find the log in button here: http://www.miami.edu/index.php/professional_development_training_office/learning/ulearn/ Click the ULearn Log in Button Sign in with your Cane ID Click Search the Catalog Search for FERPA Select the FERPA online class Launch and complete the training | | | | |
| \Box I have completed required FERPA training within the past year. (This will be verified by the Registrar's Office) | | | | |
| Name: Date: | | | | |

| APPROVER (UM Manager or Supervisor) | | | | |
|---|--|--------|--|--|
| Name: | | Title: | | |
| | | | | |
| Cane ID: | | Phon | e: | |
| UM ID: | | E-ma | il: | |
| (Print Supervisor's | Name) | appro | ve access for the above named person. My signature below | |
| acknowledges I have read and agree with this form. (Supervisor's Signature) | | | | |
| | (Supervisor's Signature) | | (Date) | |
| Supervisors are responsible for reporting employee transfers and terminations. | | | | |
| OFFICE OF REGISTRAR APPROVAL (For Office of Registrar's Use Only) | | | | |
| Comments: | | | | |
| | | | | |
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| <u> </u> | | | | |
| | | | | |
| | ian's Name)eread and agree with this form. | a | pprove access for the above named person. My signature below | |
| acknowledges i nave | | re) | (Date) | |
| Please email completed form to ITSupportCenter@miami.edu using your UM email account. | | | | |