



CANELINK SECURITY ACCESS REQUEST FORM

(Student Records & Academic Advisement)

This form is used to request new or a change in an employee's security role access in CaneLink. 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.

What tasks do you need to perform within CaneLink?

COPY USER ACCESS

(Should We Copy Another User's Access?)

User Information:

Name:

Cane ID:

UM ID:

This person is being replaced. 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:

1. Find the log in button here:
http://www.miami.edu/index.php/professional_development_training_office/learning/ulearn/
2. Click the ULearn Log in Button
3. Sign in with your Cane ID
4. Click Search the Catalog
5. Search for FERPA
6. Select the FERPA online class
7. Launch and complete the training

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:

Phone:

UM ID:

E-mail:

I (Print Supervisor's Name) _____ approve access for the above named person. My signature below acknowledges I have read and agree with this form.

(Supervisor's Signature) _____ (Date) _____

Supervisors are responsible for reporting employee transfers and terminations.

OFFICE OF REGISTRAR USE ONLY

(Please do not complete this section)

<input type="checkbox"/>	Department Administrator	<input type="checkbox"/>	Department Scheduler	<input type="checkbox"/>	Faculty Program Coordinator
<input type="checkbox"/>	Department Administrator w/Enrollment	<input type="checkbox"/>	Faculty Course Scheduler	<input type="checkbox"/>	Graduate Coordinator
<input type="checkbox"/>	Department Advisor	<input type="checkbox"/>	Faculty Dean	<input type="checkbox"/>	School Scheduler
<input type="checkbox"/>	Department Dean	<input type="checkbox"/>	Faculty Office Administrator	<input type="checkbox"/>	Degree Audit Viewer
<input type="checkbox"/>	Department Housing Staff	<input type="checkbox"/>	Faculty School Administrator	<input type="checkbox"/>	Degree Audit Staff
<input type="checkbox"/>	UOnline Academic Staff	<input type="checkbox"/>	UOnline Enrollment Staff	<input type="checkbox"/>	UOnline Executive Staff
<input type="checkbox"/>	Non-Credit View	<input type="checkbox"/>	Non-Credit Update	<input type="checkbox"/>	Non-Credit Scheduler
<input type="checkbox"/>	EAB Advisor	<input type="checkbox"/>	EAB Athletics Advisor	<input type="checkbox"/>	EAB Coach
<input type="checkbox"/>	EAB Front Desk	<input type="checkbox"/>	EAB Tutor	<input type="checkbox"/>	EAB Advising Administrator

Comments:

OFFICE OF REGISTRAR USE ONLY

(Please do not complete this section)

Security Type:

Institution/Campus: GABLE LAW MED RMC

Institution/Career: GRAD LAW MED NOCR UGRD

Academic Program:

Academic Org:

Program Action: Plan Change Program Change Specify

Enrollment: School Dean No Override

Milestone: Graduate Medical Undergraduate

Service Indicator: ADV (Academic Advising) DD1 (Academic Dean) DDA (Dual Degree Students)

Transcript Report: LAWU (Law Unofficial) MEDU (Medical Unofficial) UNALL (Unofficial UGRD/GRAD)

Student Groups: Specify

View Update

Data Warehouse: I need access to Athlete Information

Administrators automatically receive access to all Academic Plans for the requested Academic Programs.

OFFICE OF REGISTRAR APPROVAL

(For Office of Registrar's Use Only)

Comments:

I (Print Data Custodian's Name) _____ approve access for the above named person. My signature below acknowledges I have read and agree with this form.

(Data Custodian's Signature) _____ (Date) _____