



ODS/CDW Report Authoring Access UC Merced Account Application

Employee Name: _____ Email: _____ UCM NetID: _____

Department Code: _____ New User Current User

Supervisor Name: _____ Email: _____ Phone: _____

I am requesting access to the following area(s):

- ODS Student ODS Student Business Svcs QDB Financials
- ODS Admissions ODS Financial Aid QDB Personnel

Please give a detailed explanation for the intended purpose of access.

Access to the ODS/DWH is granted for the performance of your assigned duties ONLY. Misuse or abuse of computer access privileges are serious matters which may constitute violations of the federal and/or state criminal statutes, as well as violations of the California Information Practices Act and the Family Rights and Privacy Act of 1974. Employees with access to personal and confidential records shall take all necessary precautions to assure proper safeguards are established and followed to prevent unauthorized access and to protect the confidentiality of student and employee records. Employees may not disclose personal or confidential information concerning individuals to unauthorized persons or entities as specified by UC Policies, other Campus Policies and Collective Bargaining Agreements. Violations of relevant policies and laws could result in penalties such as suspension, termination, fines, imprisonment, or other criminal penalties for acts, which constitute crimes.

By signing this form, I affirm that I have read the statement above and the UC policies pertaining to confidentiality of data. I understand the penalties associated with misuse of access. I agree to use the ODS/DWH Reporting System access granted to me only for the completion of my assigned responsibilities, and will not disclose any personal or confidential information obtained through this access. I accept the responsibility for complying with the policies and procedures that govern employee ethics and conduct as well as the access and use of confidential information regarding students, employees, or other confidential matters. I understand and agree to preserve the security and confidentiality of information I access and use. I understand that any unauthorized disclosure of confidential information to any person could subject me to criminal and civil penalties imposed by law and could constitute just cause for disciplinary action up to and including termination of my employment regardless of whether criminal or civil penalties are imposed. Additionally, I acknowledge that I am not authorized to share this account with anyone.

Furthermore, I will not use the ODS to substitute as a source for "Official UC Merced" information. I will encourage campus constituents to use the appropriate Office of Record for Official Reporting.

Signature of Person Requesting Access/Change

Date

By signing this form, I accept responsibility for the permission/change to access the ODS/DWH for the individual identified above, and acknowledge that I am responsible for ensuring that such access is not misused. I also understand that it is my responsibility to take appropriate action to remove this person's access if the individual's responsibilities change, such that access to ODS/DWH is no longer required for successful completion of duties of the position. **NOTE:** I also accept the responsibility if access requested outside of our jurisdiction, that permission was granted by an authorized person from that school, division, unit, or department.

PRINT Name and Title of Authorizing Person
(Dean, Vice Chancellor, Chairperson, MSO or Supervisor)

SIGNATURE of Authorizing Person

Date