Request for Access to DARS Client Access

Department: _____

Name: _____

eID: _____

Job Title: _____

DARS role: _____ or Copy from: _____

(K-State eID)

Work Phone: _____

eID and Password: Your eID and password are your keys to access various electronic systems on campus. Your password is to be known only to you. Please read the following, sign and date the form, and return it to your supervisor.

I understand that security dictates that I do not allow anyone to know or use my password and should I discover that my password is known (whether used or not), I will immediately change my password. Furthermore, I understand that should I allow another person to use my eID and password, all access to these systems granted as a registered user will be immediately terminated.

IT Policies: I have read the Information Technology Policies located at http://www.k-state.edu/its/itpolicies/ and agree to abide by these policies.

Sensitive Information Control/FERPA Law: I am expected to comply with federal law (FERPA 1974) regarding the privacy of student information. My responsibilities are defined in K-State's Student Records Policy https://www.k-state.edu/registrar/students/academicpolicy/studentrecords/. (Any questions about this policy should be directed to the Registrar's Office at 532-6254.) Failure to comply with FERPA will result in my removal from further access and could result in further administrative and legal actions as allowed by law.

_____   _____
(Signature)   (Date)

Supervisor: _____ _____ _____
(Printed Name)   (Signature)   (Date)

Send completed form to: **Security Administration, 416 Unger Complex**

or email adminaccess@ksu.edu

Security Action Taken
_____
Initials _____ Date_____