

Slate CRM Access Request Form

Users who need to request access to Slate CRM for Student's Admissions and Enrollment Record must complete this form in order to be granted permissions.

Last Name: _____ First Name: _____ Middle Initial: _____

User ID: _____ Job Title: _____

Employee's Campus Email Address: _____

Request Type: New User Access
 Update Existing User Access

Permissions Requested:

Indicate type of access being requested

SLATE ROLES

Data Entry Clerk

Undergraduate EMC

Graduate EMC

Department Manager

Communications Manager

Events Manager

Admissions Director

Customer Service - Events Assistance

Customer Service - Student Ambassador

FinAid Admin

Orientation

General View

Graduate Assistance Student Worker

COB Instructor

Other

OR

Copy of an Active Slate CRM User

User Name: _____ User ID: _____

Confidentiality Statement

I understand that data obtained from any UHS system is to be considered confidential and to **NOT** be shared with anyone not previously authorized to receive such data.

Privacy Warning

I understand that most student information is classified as confidential under the Family Education Rights and Privacy Act of 1974. Student's records are released for use by faculty and staff for authorized campus-related purposes on a need-to-know basis. The release of records for non-campus, non-academic or non-administrative use occurs only with the student's knowledge and consent or where required by law or when subpoenaed.

I understand that public information on a record that may be released upon request includes name, address, telephone number, date of birth, major and minor fields of study, dates of attendance, degree(s) received, the most recent previous educational institution attended, and participation in officially recognized activities and sports, weight and height for athletes only. (Students who do not wish this information to be released are responsible for notifying UHS.) Presence of a "Withhold Public Information" flag within a system indicates that no information regarding the student can be released without the student's permission.

I have read and understood the information on this form. I agree to comply with the rules as stated therein:

Employee's **Print**
Signature: _____ **Name:** _____ **Date:** _____

APPROVALS

Supervisor/ Manager Signature: _____ Date: _____

Additional Approvals if editing campaign communications:

APPROVALS

Associate Director of EM Communications Signature: _____ Date: _____