Coppin State University - Eagle Access Request Form

Today's Date: _____ **Needed By:** _____

Last Name: _____ **First Name:** _____ **M.I.** _____

Employee ID: _____ **Department:** _____ **Phone #:** _____

Supervisor Name: _____ **Job Responsibility:** _____

Eagle Analytics: ◯ **Yes** ◉ **No**

Roles: *Choose a System Category* ***(left column)*** *and select from available roles* ***(right column)***

- select system category -	-select role-
- select system category -	-select role-
- select system category -	-select role-
- select system category -	-select role-
- select system category -	-select role-
- select system category -	-select role-
- select system category -	-select role-
- select system category -	-select role-
- select system category -	-select role-
- select system category -	-select role-

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Attention: *By signing this form,* ***the requestor acknowledges agreement to all the requirements*** *of being a responsible user of Coppin State University's Network Resources and abide by the Confidentiality/ Non-disclosure and other conditions as stated on page 2.*

_____ _____

Requestor Signature Date **Supervisor/Director Signature Date**

_____ _____

Workday - Human Resources Date
(AVP-HR or VPAF)

Workday - Financials Date
(VPAF, Controller, Admin. & Fin. Budget Director)

_____

EagleLINKS Campus Solutions Date
(Director of Admissions, Financial Aid, or Registrar; VPEM/SA; or Provost)

DIVISION OF INFORMATION TECHNOLOGY USE ONLY

RECEIVED _____ COMPLETED _____ NOTIFIED _____

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UNAUTHORIZED ACCESS to the CSU Network service is in violation of Article 27, Sections 45A and 146 of the Annotated Code of State of Maryland. These services are available for authorized users only.

CSU (1) - It is understood and agreed that I will not use any of the University's resources for my personal benefit or for the benefit of any person or entity.

CSU (2) - It is understood that the University will routinely scan e-mails and files on the servers/desktops/laptops for policy compliance. It is further understood that e-mail may be read by an authorized University employee only in the investigation of technical problems or other forensic purposes. The University will adhere to the Electronic Communication Privacy Act. All e-mails will be kept confidential, to the extent that it does not violate the law, University policy, or threatens someone's safety.

IT (1) – I have read and acknowledge that I will comply with ITD *"Faculty and Staff Computer Use and Internet Access Policy" usage policies prohibiting Coppin users from divulging or making known, without specific authorization, or disclosing confidential information related to security, design, testing, operation, techniques, procedures or any other sensitive matters relating in any way to the University and IT systems.
*https://www.coppin.edu/downloads/file/192/faculty_and_staff_computer_use_and_internet_access_policy

IT (2) - I further agree that I will not share the **USER-ID/PASSWORD** issued to me and I will be responsible to changing my Passwords periodically upon notification or as needed by me. I further state that I will promptly and fully disclose to the University's system administrator, any breach in the use of my **USER-ID/PASSWORD.**

IT (3) - I further certify that I fully understand and will comply with the following confidentiality and non-disclosure statements and agree to abide by these rules:

- I understand that the work I perform, and any contents of the University's Database Systems and other Network resources that I come into contact within my job responsibilities is **confidential, and to be used for the University's business purposes only during the assigned working hours.** I further understand that any information I am exposed to through the use of public record search utilities owned or subscribed to by Coppin State University, or through use of another department's records, to perform my assigned tasks is also confidential.
- I will not make unauthorized copies or download of any material and will not take any of the aforementioned materials out of the University, except as approved by my supervisor for the performance of tasks and duties assigned to me as part of my employment.
- I understand that any violation of these terms is grounds for immediate dismissal and appropriate legal action to be taken by the State of Maryland.

If the **account requestor is a minor** (under 18 yrs.), then this certificate must be signed by a legal guardian or parent.

The undersigned certifies that the above Computer/Internet Access and Usage Declaration have been read by me to the applicant requesting access to CSU-Network/PeopleSoft resources.

Parent/Guardian Signed this _____ day of _____, _____ By

Witnessed Signed this _____ day of _____, By: