Operator Name: ______________________________ VU Net ID: ________________
Home Dept. Name: ____________________________ Position: ________________
E-mail: ______________________________ Work Phone: _______________

Employee Request for Authorization:

☐ I have received my E-Password.
☐ I have completed the online FERPA Tutorial and Quiz with a score of 80 or higher required for access to the system.

Instructions for enrolling in the online FERPA tutorial and the quiz may be found at http://registrar.vanderbilt.edu/academic-records/privacy-statement/.

If granted access to the Student Accounts System (OSA), I understand that I am authorized to access the financial records of students for whom I have a financial need-to-know. I will restrict my use of this application on this basis. I further understand that the data I will be viewing is protected by the Family Educational Rights and Privacy Act (commonly known as FERPA or the Buckley Amendment). FERPA requires that I maintain the confidentiality of all student records, and that NO information from the billing records be released to a third party without written authorization from the student. I acknowledge that the information is the property of Vanderbilt University. I agree that I will not transfer the use of my Operator ID or password to another person and acknowledge that any violation of security or transfer of my Operator ID or password may result in disciplinary action that could include termination.

__________________________________________________  ______________________________
Employee Signature                 Date

To be completed by operator’s supervisor

This request is to: ☐ Add access to View Student Accounts/BRS Accounting Summary System
☐ Delete access to Student Accounts/BRS Accounting Summary System (e-mail also acceptable)

Staff member the person you are requesting access for is replacing (if applicable): ____________

Please state below the reason access is required for the completion of this individual’s job duties:
__________________________________________________________________________________________
__________________________________________________________________________________________

__________________________________________________ ___________________________________
Supervisor Name and Title (Please Print or Type)    Supervisor Signature

__________________________________________________        ___________________________________
Supervisor E-Mail Address       Date

Return completed form to: Chris Cook, Office of Student Accounts, Station B, Box 1671; Fax: 343-8511; Phone: 322-6693

Student Accounts Billing Systems Security Trustee:

__________________________________________________ Date
Chris Cook, Bursar

Completion by MIS Security Administration

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