

Saint Michael's College
Datatel SSN Access Request

Name/ Datatel login: _____

Department: _____

Type of access required:

All	<input type="checkbox"/>	Employee	<input type="checkbox"/>	
Prospect/ Student	<input type="checkbox"/>	Vendor	<input type="checkbox"/>	<input type="checkbox"/>
		Other	<input type="checkbox"/>	<input type="checkbox"/>

Frequency of use:

Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	
Quarterly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
		Annually	<input type="checkbox"/>	

Description of need for SSN access (please be specific):

If access to SSN is denied, what alternative process would you need to use to meet your objectives?

I understand that by virtue of my employment at Saint Michael's College, I am being granted access to confidential records that contain individually sensitive information about our students, employees, vendors, and others. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates College policy and could constitute just cause for disciplinary action, including termination of my employment, regardless of any legal action.

Employee signature _____

Approval signatures:	Signature	Date
Area Vice President	_____	_____
Vice President, Human Resources	_____	_____
GLB compliance officer	_____	_____
Datatel Access Activated:		
IT Director	_____	_____

If Datatel SSN access is denied, Director of department(s) impacted by alternative procedures should sign below:

Department	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____