



ARIES User Account Request:

REQUESTED ACTION: <input type="checkbox"/> Add New User (select one) <input type="checkbox"/> Modify Existing User
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SECTION 1 ~ USER INFORMATION

PRINT User's Name: _____ Date: _____

User's Signature: _____
(An Additional Signature is **REQUIRED** on the back of this form.)

User's CSUID: _____ **PRINT** User's e-name: _____

User's Phone Number: _____ User's e-mail address: _____

Department Name: _____ Dept. #: _____

SECTION 2 ~ DEPARTMENT DIRECTOR

ARIES APPLICATION Initial Profile(s) Requested: (Please check the **Appropriate Box(s)** AND obtain the **Required Signature(s)**):

Department/College Authorizing Signature: _____
(signature required even if Departmental Access box not checked below)

***PRINT** Dept/College Authorizing Individual's Name: _____

- Access to application summaries and test scores is included with all accounts. (Departmental Access box does not need to be checked for these.)
- For access to update advising holds and overrides the Departmental Access box will need to be checked.

Departmental Access (will include access to update departmental advising holds and overrides – make sure dept name and # are entered above)

SECTION 3 ~ ADDITIONAL OPTIONS

SCAIT Data Entry – Institutional Research Authorizing Signature _____

_____ Main Campus Only __ Continuing Education Only __ Both

_____ Entire college of _____

_____ Entire department of _____ Dept # _____

_____ One or more course subject codes. List subject code and department:

(For TWARBUS access please go to <http://busfin.colostate.edu/Depts/ALR.aspx> print out the ARIES*TWARBUS security access request form, and after filling it out, forward it on to Accounts Receivable.)

Additional Comments and Information:

_____ ARIES SECURITY ADMINISTRATOR	_____ DATE IMPLEMENTED
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ARIES User Account Request: SECTION 4 ~ AUTHORIZATIONS

Statement of Use and Understanding:

I understand that student information is confidential. The access I am requesting is required to perform my job duties and responsibilities. I understand that individuals working with University records hold a position of trust and must recognize the responsibilities of preserving the security and confidentiality of the information. I agree that my e-password and other passwords will not be shared; and I am responsible for any accesses logged against my username. In using my e-name and e-password or other login credentials, I will follow the [technology-related policies and procedures of the university](#). I understand that misuse will result in the revocation of my access. If I terminate employment with the University, and/or if I terminate employment with the department through which I am now requesting access, the system access granted to me will terminate. In the latter case, if access in a new or separate department is needed, I must repeat this process.

Statements of Personal Responsibility:

- 1) I must use student information for authorized activities only.
- 2) I must use my user name and password properly. Even within a department or office, I will not share my user name and password combination, unless I am specifically authorized to do so. I will not write account numbers and passwords in documentation, memos, or other documents which may be in public view (example: logon notes attached to my terminal or computer).
- 3) I must log out of the system when I am not using it, in order that casual users will not have access to the system.
- 4) I must know what information may be released, and to whom, following the Family Educational Rights and Privacy Act, FERPA, regulations [see the "Students' Educational Record" section of the Colorado State University General Catalog and paragraphs I.3 through I.5 of the Academic Faculty and Administrative Professional staff manual and <http://registrar.colostate.edu/student-resources/ferpa-student-privacy>]
- 5) I will ask my supervisor if I am unsure about the use and/or release of information.
 - I understand that using student information in any non-university business way (e.g. personal mailings, academic status of friends, etc.) is unauthorized.
 - I will immediately contact my supervisor *and* the ARIES Security Coordinator in Enrollment Services, when I become aware of unauthorized use of any kind.
 - I know that the ARIES Security Coordinator in Enrollment Services may be reached at (970) 491-1995.

<u>SIGNATURE AUTHORIZATIONS</u>	
REQUESTOR / USER (Please read Acceptable Use Policy)	DATE
Department Director	DATE
* PRINT Dept. Director's Name (Unless Dept. Director's signature and printed name are on Page 1)	

SECTION 5 ~ FORM ROUTING

If SCAIT access has been requested above, please send form to Institutional Research, 1004 Campus Delivery, for approval.

Otherwise, please send form to REGISTRAR'S OFFICE, CENTENNIAL HALL 202D, 1063 Campus Delivery

Thank You!

