



ARIES User Account Request:

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| 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 ~ SUPERVISOR

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

- 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)

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

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

SECTION 3 ~ ADDITIONAL OPTIONS

SCAIT Data Entry – OBIA 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://wsprod.colostate.edu/cwis329/home/ARIES_TWARBUS_Security_Access.pdf to 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 |
|---------------------------------------|---------------------------|



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://www.colostate.edu/Depts/Registrar/records.htm#ferpa>].
- 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) 491-6123.

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| <u>SIGNATURE AUTHORIZATIONS</u> | |
| REQUESTOR (Please read Acceptable Use Policy) | DATE |
| Department Head or Supervisor | DATE |

SECTION 5 ~ FORM ROUTING

If SCAIT access has been requested above, please send form to OBIA, 6104 Campus Delivery, for approval.

Otherwise, please send form to: REGISTRAR'S OFFICE, ADMIN ANNEX 202 D, 1063 Campus Delivery

Thank You!

