Application for the Creation and Maintenance (or Propagation) of a Shared Electronic Student Data Repository

Date: ________________________

1. Unit or department head (name/title): _______________________________________________________

2. Designated data custodian(s) for the unit or department (name/title):

______________________________________________________________________________________

3. Department: ___________________________________________________________________________

4. Brief description of the purpose of the proposed student data repository, and how it supports the operation and management of programs in your department:

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5. Please provide a complete list of all of the student data to be accessed/viewed (e.g., name, SID, GPA, college, major, etc.), and the proposed source of the student data (e.g., data transfer from Campus Solutions or another system of record, student self-reported, etc.)

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6. Intended Data Users:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Revised 8/25/2017
7. How will users indicate their agreement to comply with security and confidentiality requirements related both to FERPA and the database/system?

8. Will the data be partitioned in order to allow users to view just the data that is relevant to their job duties? Attach and explain the job duties of the individuals who are accessing this data and what areas of the database they will be allowed into.

9. Please indicate the contact to arrange for a security review of the system (usually the designated data custodian):

   Name: _____________________
   Phone: ____________________
   Email: ___________________

Completed by:
Department Unit Head: ______________________________________________________________________
Title: ____________________________________________________________________________________
Department Data Custodian: __________________________________________________________________
Title: ____________________________________________________________________________________

This questionnaire will be reviewed and updated on a three-year basis. However, should anything change in terms of data expansion, departmental/unit head or data custodian, or intent of the use of data, it is the responsibility of the unit head to inform the data owner at the time a change is made.
APPROVALS

Data Owner
Name: ___________________________________________________________________________________
Title: ____________________________________________________________________________________
Date: ____________________________________________________________________________________

Signature: ________________________________________________________________________________

IT Security Principal
Name: ___________________________________________________________________________________
Title: ____________________________________________________________________________________
Date: ____________________________________________________________________________________

Signature: ________________________________________________________________________________