

Electronic I-9 Security Access Form

New User ___ (Training Date _____) Add Additional Access ___ Remove Existing Access and Add Access Listed Below ___

Name _____ EmployeeID# _____

Title _____ School/Dept. _____

Phone _____ E-mail _____ NetID _____ Campus _____

NOTE: I-9 section 2 processors must enroll for I-9 training in the Self Service Portal before they will be granted access to the I-9 Service Center at <https://nupa.northwestern.edu>. Click the *Workplace Learning* link on the right side. Click *Request Training Enrollment*. Click *Search by Course Name*. Type in: *I-9*. Click *Search*, and then click on *View Available Sessions*.

List **4-digit FASIS department(s)** you require access to.
(Fill in the department ID's - If you need more room, attach a separate sheet of paper with a list of department ID's)

First 4 digits of FASIS Dept. #	Department Name	First 4 Digits of FASIS Dept. #	Department Name

If requesting to be set-up exactly like another I-9 Service Center User(s) in your dept/group, who is/are the other User(s)?

Do you replace an I-9 Service Center user who left the department? If yes, what is the employee's name?

Statement of Agreement

- I will not use the product to process data other than that of Northwestern University. I will not make available or disclose the contents of the I-9 Service Center product or any portion thereof to parties outside the Northwestern University community. Furthermore, I will not make copies of the I-9 Service Center product.
- I understand that some of the information in I-9 Service Center falls under the guidelines of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I have read and understand the Northwestern University Security Policy on Electronic Protected Health Information governing HIPAA regulations.
- I will not seek personal benefit or permit others to benefit personally from information contained in the I-9 Service Center.
- I will not divulge the contents of any record to any person except in the conduct of my work assignment and in accordance with University and departmental policies.
- I will not knowingly insert or cause the insertion of any false, inaccurate, or misleading information onto a record or report
- I will not divulge any personal ID's or passwords to anyone, whether University personnel or others. Sharing access is prohibited.

I HAVE READ THIS STATEMENT OF AGREEMENT FULLY AND UNDERSTAND THAT ANY VIOLATION OF THIS AGREEMENT IS CAUSE FOR IMMEDIATE DISMISSAL OR OTHER APPROPRIATE DISCIPLINARY ACTION.

 APPLICANT'S NAME

 APPLICANT'S SIGNATURE

 DATE

 SCHOOL ADMINISTRATOR NAME (PRINT NAME)

 SCHOOL/CENTER SIGNATURE

 DATE

Please mail, email, or fax the completed form to:

Angela Gwinn, Human Resources Payroll, 720 University Place, 2nd floor Evanston Campus
 Phone: (847) 491.7204 Fax: (847) 467-2288