NORTHWESTERN UNIVERSITY - SES ACCESS REQUEST
Financial Aid – The Graduate School (TGS)

Please scan/email signed form to
tgs-fa@northwestern.edu
(Or fax to 847/491-5070, Attn: Pat Mann)

1. Applicant/Current SES User   *required*

*Last Name	*First Name	M.I.	*EmplID	*NetID

*Position	*Campus	*Work phone	*Email Address
			@northwestern.edu

*Department(s)	Name of individual previously in your position

2. Supervisor

*Last Name	*First Name	M.I.

*Supervisor NetID:	*Supervisor work phone:

3. Request Type*

○ **New SES User**

○ **Current SES User**: SES Admin ID is

☐ *I am a current user who is changing departments.*

4. *Areas of access

The individual listed above performs departmental responsibilities related to SES and will require the following areas of access:

Area of responsibility	Graduate/ undergraduate	School/Program	Functions related to job
Financial Aid	TGS	TGS	NU Tuition Stipend WorkCenter / Smart Pages View External Awards to Student NU Commitments Report

Office Use Only	Access Complete Date _____	User Notified by SES Date _____	SESINFO?
Roles:	Item types:	Primary Perm List	Comments:
		Service Indicators	
		Row Level/3C Group:	

5. **Data security policy and statement of agreement**

The purpose of the Student Enterprise System (SES) is to support the functions required to fulfill job responsibilities in regard to student admission, student records and registration, student accounts and student financial aid. The privacy and confidentiality of student data is protected by The Family Educational Rights and Privacy Act*†* (FERPA).

Statement of Agreement

*Please mark the box to the left of each statement to indicate that you have read the statement.

Data Security
- ☐ I have completed the FERPA*†* Online Training, available via the following link: *http://www.northwestern.edu/hr/workplace-learning/ferpa.html*
- ☐ I will only access SES while performing job responsibilities and only divulge the contents of a record or report in accordance with federal, University and departmental policies. I understand that it is unlawful to release student record information to any unauthorized third party.
- ☐ I will not seek personal benefit or knowingly permit others to benefit personally from information contained in SES.
- ☐ I will not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
- ☐ I will not divulge passwords or sign-on credentials to anyone.

Workstation Security
- ☐ I will not download from SES any non-public student information—especially social security number, date of birth, or other data protected by FERPA*†*—to my computer (University or personal) unless that computer is encrypted. For personal computers, faculty/staff can buy encryption software licenses at a minimal cost. For more information on data encryption solutions, see the following site: *http://www.it.northwestern.edu/policies/dataencryption.html*
- ☐ I agree to use and maintain commercially available software that provides (a) protection from viruses and spyware and (b) an active firewall on any computer I use to access SES. I understand that (a) is available for free from Northwestern University via *http://www.it.northwestern.edu/software*
- ☐ I understand that using Virtual Private Network (VPN) is the only authorized means to access SES from off-campus. For more information see *http://www.it.northwestern.edu/oncampus/vpn/*
- ☐ I agree that no remote desktop software shall be enabled on any computer I use to access SES. (Examples include, but are not limited to, the following: Go To My PC, PC Anywhere, Log Me In.) The only approved exception is remote desktop software required and installed by a Northwestern department.

†FERPA policy: http://www.registrar.northwestern.edu/academic_records/FERPA_policy.html

BY SIGNING BELOW, I AGREE TO ALL STATEMENTS ABOVE. I UNDERSTAND THAT ANY VIOLATION OF THIS AGREEMENT MAY BE CAUSE FOR APPROPRIATE DISCIPLINARY ACTION, INCLUDING DISMISSAL.

*Applicant's signature: _____ (sign) _____ (date)

6. ***Supervisor approval:** _____ (sign) _____ (date)
    - *Supervisor: Please check this box if you do NOT authorize this user for off-campus access* ☐

7. **Data Custodian:** _____ (signature) _____ (date)