NORTHWESTERN UNIVERSITY - SES ACCESS REQUEST

Admissions – QUERY ACCESS

Please fax or email signed form to the appropriate data custodian for admissions (list provided below)

1. App	olicant/Current SES User								* 1	required
*Last N		*First Name			M.I.	*En	nplID		*NetID	
*Positi	on	*Car	mpus *Work pho		ne	*En	nail Addres	S	O a state of the state of the	
*Dena	rtment(s)				@northwestern.edu Name of individual previously in position:					
Бера	i unent(s)					ING	ine or marv	iduai previoc	siy iii positioii.	
2. Sup	ervisor					3. *	Request '	Туре		
*Last N	lame	*First Name			M.I.	O New SES User				
					O Current SES User: SES Admin ID is					
*Supe	visor NetID:	*Supervisor \	work phor	ie:			/	am a current	user who is changing depart	ments.
4.	Levels of access and intende	ed use of data	- REQU	IIRED: Plea	se reply	to <u>all</u>	four ques	stions:		
Yes	No									
	*I am requesting read-	only access to c	lata (I will	only be run	ning quer	ies w	ritten by ot	thers).		
	*I am requesting the all - Note: trainin	bility to write q g or previous qu						f access.		
		*This data will be used to populate other systems or applications. - If "Yes", please indicate below which system(s)/application(s) the data will populate.								
	*This data will be used									
Ш		ise explain belo				nacio	n to other	users.		
5. P	lease provide here any additio	nal information	on reque	sted above	and/or	201/	specific au	iorios or tah	les you are requesting	
5. P	lease provide here any addition	mai miormatic	Jii reque:	steu above	, ariu/or	ally s	specific qu	ieries or tar	iles you are requesting.	
	Data Custodians for Admission	PHONE			FAX			EMAIL		
Under	Undergraduate: Amy Lammers			467-0731 (847) 467-2		-2331	a-lammers@northwestern.edu			
	Graduate, Graduate School (TGS): Nicholas Alena			91-3421	(847	') 491	-5070	n-alena@		
	unication Master of Science (MSC): A	(847) 46	57-1098				hauenstei	n@northwestern.edu		
	unication: Audiology, Speech/	(847) 49	91-3066	(847	(847) 491-4975		mball@nawthuyasts=== = di			
	age Pathology: Marilyn Hall unication (MSHC): Jennifer (Jennic	a) Packoff						mhall@northwestern.edu jennifer.backoff@northwestern.edu		
	unication (MSCLE): Kathryn Lawsc		(312) 50						wson@northwestern.edu	
	sional Studies (SPS): Therese Grob		(312) 50		/313	2) 503	3-0550	· ·	rohman@northwestern.edu	
	ion Grad (MSED, MSHE, MSLOC):		(847) 49		+ + -				northwestern.edu	
	een Coleman	Allille Kellils	(847) 46		+++	 			@northwestern.edu	
	erg Medical School: Dr. Roopal Va	shi Kundu	(312) 69		++-	2) 695-0664 r-vashi@northwest				
	g (FT, PT, EMP): Jerry Langfeldt	3111 Ranaa	(847) 46		++-				feldt@kellogg.northwestern.e	adı.
	Don Rebstock		(312) 50		 				k@law.northwestern.edu	-uu
	mick Engineering*: Bruce Lindvall		(847) 49					@northwestern.edu		
	: Karla Davis	<u>'</u>	(847) 46		 '	(847) 467-7342		karla.davis1@northwestern.edu		
	: Ryan O'Mealey		(847) 49		++-			@northwestern.edu		
	ian Assistant: Michael MacLean		(312) 50				3-2729	+	n@northwestern.edu	
	Alex Schultes		(- ,		1 (-			orthwestern.edu		
	TGS, school-based, professional degre	ee programs in M	cCormick (I	MSIT, MEM, I	MPD, MPN	1, MBP	% MIAN)	1		
	Office Use Only	Access Com	plete By/Da	ate:	User No	tified	by SES Date	:	(optional) Training Complete Da	ate:
Roles:		Databases:				Comments:				
					1					

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6. 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.

Ш	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.
W	orkstation 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.
	ERPA policy: http://www.registrar.northwestern.edu/academic_records/FERPA_policy.html
†F	
ву	SIGNING BELOW, I AGREE TO ALL STATEMENTS ABOVE. I UNDERSTAND THAT ANY VIOLATION OF THIS AGREEMEN AY BE CAUSE FOR APPROPRIATE DISCIPLINARY ACTION, INCLUDING DISMISSAL.
BY M/	SIGNING BELOW, I AGREE TO ALL STATEMENTS ABOVE. I UNDERSTAND THAT ANY VIOLATION OF THIS AGREEMEN
ВҮ М/ *Д	SIGNING BELOW, I AGREE TO ALL STATEMENTS ABOVE. I UNDERSTAND THAT ANY VIOLATION OF THIS AGREEMEN AY BE CAUSE FOR APPROPRIATE DISCIPLINARY ACTION, INCLUDING DISMISSAL.
ВҮ М/ *Д	SIGNING BELOW, I AGREE TO ALL STATEMENTS ABOVE. I UNDERSTAND THAT ANY VIOLATION OF THIS AGREEMEN AY BE CAUSE FOR APPROPRIATE DISCIPLINARY ACTION, INCLUDING DISMISSAL. Applicant's signature: (sign) (date)