**North Carolina A&T State University**

**Systems Access Confidentiality Form**

Instructions: Submit this **completed & signed** form to the ITOPS Department, Fort IRC.

**Requestor Information:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Last Name* | *First Name* | *Middle Name* |
|  |  |  |
| *Department* | *Position* | *Location (bldg., room, suite)* |
|  |  |  |
| *Email/OneID* | *Telephone* | *Banner ID* |
|  |  |  |
| *Supervisor / Sponsor*  | *Supervisor / Sponsor email* | *Supervisor / Sponsor Telephone* |

NCAT Relationship Status (Circle one):

Student (S), Permanent Staff (E), Temp (T), Vendor (V), Consultant (C).

Today’s Date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific Access Request Areas** – please check ONLY those that apply, minimum of one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Active Directory / One ID* |  |  *G-Suites* |  |  *Office 365 for Students* |  |

Confidentiality Security Agreement

I understand that access is being requested to North Carolina A&T State University Data resource(s).

If approved;

I will treat all information as sensitive and/or confidential unless informed otherwise.

I will not share accounts and passwords provided to me with anyone.

I will ensure that information is properly secured in electronic, written, and/or printed format and will only disclose the information when authorized.

I will not perform an illegal or unauthorized activity(s) that would cause harm directly or indirectly to the University network, data, and/or information technology.

I will only use these privileges during my assigned working hours.

I will only use University approved software and tools to leverage my account.

I will abide by federal and state regulations, industry standards, and University policies and standards (<http://www.ncat.edu/divisions/its/policy/index.html> ).

When my University relationship ends, I will not access University resources nor keep or disclose University information in any format.

Signatures:

Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_