



UM Achieve User Access Request Form

When complete, send to: **Registrar's Office, 400 University Centre**

For questions, contact the UM Achieve Team: um.achieve@umanitoba.ca or fax (204) 269-1065.

USER INFORMATION:

Last Name(s): _____ First Name(s): _____

Employee Number: _____ UserID: _____
(same as your UMnet/email/jump ID)

Email: _____ Phone Number: _____

Job Title: _____ Academic/Admin. Unit: _____

Department: _____

Are you in a permanent position? Yes No

Are you a term position? Yes No If yes, when is term end? _____

Are you Student Help? Yes No If yes, when is term end? _____

Do you have access to Banner/Aurora? Yes No

TRAINING: For information on training, please contact um.achieve@umanitoba.ca

Types of users

Run Audits

Enter Comments

Enter Exceptions

If you are not a Faculty Academic Advisor, please provide purpose for your access: _____

UM Achieve User Access Request

SECURITY OF USER IDS AND PASSWORDS

Your User ID and password may not be shared with anyone. This account is set up for only your use. You may not log anyone else on with your User ID or password. Do not leave your Aurora account up and running while you are out of your office. To secure your account, either log off the system or protect your PC with a password (e.g. screen saver password).

CONFIDENTIALITY OF STUDENT RECORDS

The confidentiality of student records is governed by Freedom of Information and Protection of Privacy Act (FIPPA), as outlined in University Policy 216. If you do not have the student's written consent, then you require approval by the President, the Vice President (Academic) and Provost, the Vice President (Administration), the Vice Provost (Student Affairs), the Executive Director of Enrolment Services or the Registrar (or their designates) to permit the exercise of the statutory exceptions to the confidentiality of student records, including any lawful disclosure to non-University persons or agencies and disclosure under emergency circumstances.

CONFIDENTIALITY

I understand that under mandate of provincial FIPPA legislation identified on this form, University policy protects the confidentiality of student records (including student academic histories and financial statements) and information contained in student records. Without the student's written consent, I will not disclose student records or information contained in student records to any person or organization outside the University or to any office or individual within the University community unless that University office or individual has been determined by the University to have an authorized educational interest. I will keep the records and information I retrieve in such a way that they cannot be accessed by unauthorized persons, and when no longer needed for the purpose(s) described above, I will destroy all copies so that they are no longer recognizable. I will access and use the student records and information in those records solely for the authorized educational purpose(s) related to my University employment.

The information requested relates directly to and is needed by the Registrar's Office to process your UM Achieve Access request. This personal information is being collected under the authority of the University of Manitoba Act. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, contact the Access and Privacy office (204) 474-9462, 233 Elizabeth Dafoe Library, University of Manitoba, R3T 2N2.

By signing below, I certify that I understand and will comply with the above-stated limitations on disclosure and use of all student records I access through my UM Achieve account. I understand that failure to comply with the restrictions outlined on this form concerning security of my UM Achieve User ID and password and use of student information may be subject to revocation of UM Achieve access and disciplinary action.

User's Signature: _____ Date: _____

Approved by:

Print First & Last Name: _____

Signature: _____ Date: _____
(Dean, Director or Department Head)

When complete, send to: **Registrar's Office, 400 University Centre**

For questions, contact the UM Achieve Team: um.achieve@umanitoba.ca or fax (204) 269-1065.

Office Use Only:

UM Achieve Access granted: As requested _____ With Modifications _____

User Profile(s) Assigned: _____

Additional Access Assigned: _____

Account Assigned by: _____ Date: _____

Signature: _____