

## Staff Request for WebPortal Access

### SDSU WebPortal Guidelines

To obtain access to the SDSU WebPortal, you must agree to the following conditions:

1. Your signed confidentiality agreement must be on file with Business and Financial Affairs.
2. You will only use your own account and password when accessing SIMS/R.
3. You will not disclose your assigned account and password to anyone.
4. You will keep account passwords in a secure location.
5. You may only disclose personally identifiable information on an individual student to faculty and staff who have a legitimate need for such information. Personally identifiable information will not be disclosed to other campus or off-campus individuals. Please direct such requests to Enrollment Services.
6. Students cannot be given access to faculty or staff accounts.
7. College coordinators or non-academic department directors should submit this form requesting an account cancellation should responsibilities change in such a way as to no longer require access to SIMS/R.

### New Account / Additional Portal Role(s) Request *(all fields required)*

RedID \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Department/College \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Request for:

New Account

Additional Access

Merge Accounts (list usernames below)

Cancel Account

Access Requested  
*(check all that apply):*

Undergraduate Adviser

Graduate Adviser

Department Level

IRB

I currently have a portal account. List current username(s): \_\_\_\_\_

Describe the duties performed that require access to the role(s) being requested:

I, the undersigned, am requesting access to confidential student information. I have read and understand the information stated above. I am committed to protecting the privacy of student records and adhering to the regulations identified in the Federal Family Education Rights and Privacy Act (FERPA) of 1974. I agree to only use my SIMS/R account to access information for which I have a legitimate, work-related need.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Approval *(in ink, no replicas)*

Signature of Chair/Director \_\_\_\_\_

Department \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Signature of College Dean or Designee \_\_\_\_\_

College \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Academic departments submit form to college coordinators. Non-academic departments submit form to the Office of the Registrar: Room SSW 1641, MC 7453.

**Allow 7 days of processing of accounts once received by the Office of the Registrar.**

Request Completed By:

Date User Notified:

User Signature for Temporary Password and Account Information:

Date: