

**Cleveland State University**  
**REQUEST FOR ACCESS TO THE ADVISOR TAB ON CAMPUSNET**

Name \_\_\_\_\_ CSU ID \_\_\_\_\_

Campus Extension \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_

*Complete Section A and forward to your supervisor for approval. Please send the completed form to the Security Administrator in RT1104.*

**Incomplete forms will not be processed. See instructions on reverse.**

**SECTION A – ACCESS REQUESTED**

**STATEMENT OF RESPONSIBILITY**

Name of individual requesting access: \_\_\_\_\_

CSU ID Number: \_\_\_\_\_

I acknowledge the right granted by the Registrar to access student records of Cleveland State University. I understand that this information is protected by the Family Educational Rights and Privacy Act and access is governed by the Cleveland State University security policy. I will insure that all provisions of the law are obeyed. Access will be limited to a 'need-to-know' basis and under no circumstances will information be released to a third party.

I further understand that violations of confidentiality, security, or breaches of security access codes will be subject to disciplinary and/or legal sanctions as set forth in University policy.

(I agree to comply with all institutional policies regarding the security and proper use of the information requested.)

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Begin Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Optional: End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION B (to be completed by Security) – ACCESS GRANTED (Permanent / Temporary)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**INSTRUCTIONS**

**Purpose**

This form is to be used to request permission to view student records through the Advisor Tab of CampusNet and to be used in accordance and compliance with the Registrar's Statement of Responsibility.

The information collected in Section A is used to determine who the user is and the date to which access is to begin and optionally end.

**Steps**

1. Complete Section A after you carefully review the Statement of Responsibility set by the Registrar's office.
2. Ask your supervisor to sign the form.

**Supervisor:** Please indicate the date access should begin and optionally end if a specific time is required.

Once the form is complete, please send it to the Security Administrator in RT1104 to be set up for access to the Advisor Tab.