



OFFICE OF THE REGISTRAR
Third Floor, West Quad
Tel (718) 951-5693

REQUEST FOR ACCESS TO RESTRICTED DATA – BROOKLYN COLLEGE SALI
(submit to Office of the Registrar, Third Floor, West Quad or fax to 718-951-5145)

USER AGREEMENT:

ALL INFORMATION ON THE STUDENT SYSTEM IS TO BE CONSIDERED CONFIDENTIAL AND FOR INTERNAL COLLEGE USE ONLY. DISCLOSURE TO UNAUTHORIZED PARTIES VIOLATES THE FAMILY RIGHTS AND PRIVACY ACT (FERPA). IT MAY NOT BE RELEASED IN ANY FORM. YOU MAY COMMUNICATE THE INFORMATION ONLY TO OTHER PARTIES AUTHORIZED TO HAVE ACCESS IN ACCORDANCE WITH THE PROVISIONS OF FERPA. IF YOU HAVE ANY QUESTIONS ABOUT THE PROVISIONS OF FERPA PLEASE CONTACT THE REGISTRAR BEFORE COMPLETING THIS FORM. SHOULD THIS ACCOUNT NO LONGER BE NEEDED OR SHOULD THE ACCOUNT HOLDER LEAVE BROOKLYN COLLEGE EMPLOYMENT, THE DEPARTMENT HEAD MUST NOTIFY THE REGISTRAR OFFICE.

I agree that I will use this account only for the purpose which I have stated below. This account is for my use only, and I agree that I will not permit others to use it. I understand that abuse of the system or violation of this agreement will result in revocation of this account, and possible legal action as determined by the college.

By acceptance of this account I certify that I have read, understand and agree to the above.

Applicant (Please Print)	Signature	Position	Date
--------------------------	-----------	----------	------

Department Head (Please Print)	Signature	Date
--------------------------------	-----------	------

Department	Department phone number	Applicant's BC email address
------------	-------------------------	------------------------------

Purpose of this account _____

PLEASE ALLOW FOR FIVE BUSINESS DAYS FOR THE PROCESSING OF THIS REQUEST

+++++

do not write below line

Approved by _____

Rejected: _____ applicant not authenticated in BC/HR database
_____ applicant does not need SALI access