

Worcester State University Application for Web Intelligence (WEBI) Reporting

Name: _____ Dept: _____ Student Account? Yes No

Title: _____ Do you have a Colleague account? Yes No

Reporting Option (choose one): View Only Create/Change Reports

Requesting Access to: Director Approval Signatures Required

- Student Registrar _____
- Financial Finance _____
- Human Resources/Payroll HR _____
- Financial Aid Financial Aid _____ Registrar _____
- Student AR/CR Bursar _____ Registrar _____
- Admissions Admissions _____ Registrar _____

TRAINING – for one on one training, please submit a Help Desk ticket. Watch Fac/Staff announcements for upcoming WEBI training sessions.

In signing this request for access, the user agrees to abide by the Worcester State policies on Administrative Computing Security and on Confidentiality of Student Records (<http://uts.worcester.edu>). The user will utilize computerized information only as necessary in the fulfillment of job responsibilities and will protect the confidentiality of that information. The user agrees to maintain the privacy of his/her User ID and password and the user will not allow another employee to access information through his/her account.

FERPA Statement of Confidentiality:

I, the requestor/user of this account, understand that all correspondence, transactions, conversations, and policy information that I am privy to while working for the University is confidential information. This includes all information relating to policy and procedure discussions, student academic records and any other information regarding individual students, faculty or staff. I understand that this information shall not be shared with others except in the course of normal business operations.

I understand that all information is restricted to office/staff meeting use only. Information may only be discussed while in the course of duties in my respective workplace.

I also understand that ANY breach of this trust could result in my immediate termination from my position.

User Signature _____ Date _____

Supervisor Signature _____ Date _____