THE UNIVERSITY OF BRITISH COLUMBIA

Return completed forms
to: SIS Security
sis.security@ubc.ca

Student Information System (SIS) Special Access Form

Complete this form to request access to non-Production SIS environments and/or technical access to the Student Information System (SIS) database. The Student Information System (SIS) contains confidential and personal information. Those requesting access to the SIS must adhere to the SIS Terms of Use. If you are a contractor, you must also complete the Security and Confidentiality Agreement (SACA). **Note**: If you are looking for functional access in the Production environment, you can use the SIS Access Form.

Applicant Details

First Name: _____   Last Name: _____

Employee ID: _____   UBC Email: _____

Campus: _____   UBC Phone: _____

Position: _____   Department: _____

End date of Access: _____   Prod CWL: _____

Staging CWL: _____

Access Needed:

Description of what non-Production SIS access you require:

_____

Approval

By providing the approval below, you have acknowledged that:

- The information under the applicant details section is correct and up to date.
- The requested access on this form is appropriate for the performance of the applicant's official duties.
- You will inform SIS Security when the applicant no longer requires the level of access stated on this form.

Department/Unit Head

Name: _____   Title: _____

Phone: _____   Date: _____

Email: _____   Signature*: _____

*Email approval will be accepted if signatures cannot be obtained.

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Student Information System (SIS) Terms of Use

I understand that the Student Information System (the "SIS") is being made available to me solely for the performance of my official duties as an employee or contractor of the University of British Columbia. I shall protect the availability, integrity, and security of student, employee and financial information to which I have access in the SIS (the "Data"), as set out below. I further understand that failure to comply with this agreement may lead to disciplinary action, up to and including termination, and/or civil/criminal penalties.

I understand that student, employee and financial information from any sources is subject to the BC Freedom of Information and Protection Act. I have read and understand Policy SC14 – Acceptable Use and Security of UBC Electronic Information Systems.

Accordingly:
1. I will be a responsible user of the Data by:
    - only accessing, using, sharing, altering, or deleting Data when authorized and necessary for the performance of my official duties;
    - interpreting Data accurately and in a manner that complies with Part 2 of Policy SC14;
    - never knowingly including, nor causing to be included, false or misleading Data in the SIS; and
    - only sharing Data with individuals who are authorized and who have a reasonable need to access it.
2. I will protect the security and confidentiality of the SIS by:
    - signing off the SIS when not using it;
    - not disclosing my SIS password to other individuals;
    - not using another person's SIS password; and
    - immediately reporting to a supervisor or SIS Security anytime I have reason to believe my password, or that of another individual, has been compromised or is being used by a person other than the individual to whom it was issued.
3. I will protect the security and confidentiality of the Data by:
    - ensuring that I only send Data to individuals who are authorized to receive it;
    - storing Data in a secure manner – including encrypting it if it is stored on a mobile device, in accordance with Information Security Standard #05 (Encryption Requirements);
    - transmitting or sharing Data in accordance with Information Security Standard #03 (Transmission and Sharing of UBC Electronic Information);
    - only copying, reproducing, printing or downloading Data when authorized and necessary for the performance of my official duties;
    - disposing of unneeded Data in electronic format by destroying it in accordance with Information Security Standard #08 (Destruction of UBC Electronic Information); and
    - disposing of unneeded Data in hardcopy format by shredding.

My signature indicates that I have read, understand and abide by the terms and condition of this agreement.

Name: _____   Employee ID: _____

Date: _____   Signature: _____