

## GC Privileged Access Form

In order to comply with the CUNY CIS IT Security Procedures policy outlined in the CIS memo dated June 25, 2014, the Information Technology department at the Graduate Center requires that you accept and understand the following:

- 1) Elevated privileges granted to you to access University systems that contain information related, but not limited to, student and personnel education and personal and financial information is to be used solely for tasks associated with the fulfillment of your duties at the Graduate Center in support of the College and University operations.
- 2) All non-public data is considered private. It is your responsibility to ensure that the integrity and privacy of such data is maintained throughout the fulfillment of your tasks.
- 3) All requests for access to such data must be duly recorded and require approval to ensure authenticity of such requests.
- 4) Users must complete the mandatory CIS Security training (found here) prior to receiving access to this type of data. Upon completion users will receive a certificate. Please submit a copy of the certificate with this form.
- 5) No private College or University data should ever be distributed, regardless of its content, to unauthorized individuals and to no one that is not a part of the CUNY system, either as a student or personnel.
- 6) No data will be altered by you unless you have been specifically authorized to do so by the department/division head and a log of such activity is maintained for review of the same.
- 7) Liability of any legal or institutional actions that arise from the inappropriate divulgence of private information utilizing your login rests solely with you and you will comply with investigations that may arise to resolve any such incidents.

By signing below, you acknowledge that you understand and agree to the terms above and all other conditions to ensure the continued protection of data access and distribution to which you have been granted elevated privileges.

Print Name:

Title:

Signature:

Date:

Supervisor Name:

Title:

Supervisor Signature:

Date:

This completed form should be submitted to IT Services with the subject "GC Privileged Access Form".