

ISIS / WebDSIS REQUEST FORM
PLEASE READ FORM and ASTERISK(S) CAREFULLY

REQUESTING ACCESS TO: **ISIS*** _____ **AND / OR** **WebDSIS** _____
Please complete the following for ISIS and/or WebDSIS:

NAME _____ PHONE _____ DEPT _____ CAMPUS
SIGNATURE _____ DATE _____

By signing this form, I understand the information being accessed is covered by the Family Education Rights and Privacy Act (FERPA) and, that I will abide by the USM Confidentiality of Student Records Policy as stated in the following link: <http://www.usm.maine.edu/reg/CONFIDENTIALITY.htm> . It is also required that you review the USM Checklist for Safeguarding Information on-line at : <http://www.usm.maine.edu/sirs/GLB%20safeguarding%20information.html> .

Supervisor, Chair or Dean to whom the requester is responsible:**

PRINTED NAME _____ PHONE _____
SIGNATURE*** _____ DATE _____

IR use only Department _____ Requested _____ Notified _____

For WebDSIS access: PLEASE FILL OUT THE ABOVE, IN ADDITION TO, THE FOLLOWING:

CHECK ONE: FACULTY (FT) _____ (PT) _____ (**Must include CONTRACT END DATE**) _____
STAFF _____
STUDENT WORKER**** _____

TYPE OF ACCESS: FULL(ALL items on the Function Menu) _____
PARTIAL(Identify Function Menu items) _____

Provide your Social Security Number (SSN) _____
AND create your own Personal Identification Number (PIN) (four to six DIGITS) _____.

IR use only Date _____

Please **allow 24 hours to process WebDSIS access** from the time of receipt.

Please remember the SSN and PIN submitted on this form.

You will NOT be notified when WebDSIS access is granted.

* If you are requesting access to ISIS, you must also have access to CICS, which is granted by UNET. If you do not have access to CICS, your supervisor must email patdavis@usm.maine.edu requesting CICS in the SUBJECT line of the email. The name, SSN and email address of the user requesting access to CICS must be within the email message. The user will then get an email from UNET with instructions on how to activate their CICS account. If you do not hear from UNET within five business days, please email lee@maine.edu to follow up on the request.

** If a Faculty or Staff person is released from his/her responsibilities under your direction, **you, the authorizing supervisor, are responsible for notifying Information Reporting** via the return information below.

*****ACCESS WILL NOT BE GRANTED WITHOUT A DEAN OR SUPERVISOR SIGNATURE.** If a signature is not available to you in a timely manner, a WRITTEN NOTIFICATION from your Supervisor or Dean must be received along with this request form. Written notification includes either an email from the Dean or Supervisor using an @usm.maine.edu address or a letter faxed or sent inter-campus or USPS. The requester has two business weeks from the time access is granted to get the Supervisor or Dean to sign the form and return it using the return information below. Failure to do so will result in immediate removal without notification.

****Student Workers will be given **STAFF** access **AND** will be deleted automatically at the end of every semester. Student Worker request forms must be submitted **EVERY** semester for security reasons. Please specify which "Function Menu" items you wish the Student Worker to have access to. If a Student Worker is released from his/her responsibilities under your supervision **PRIOR** to the end of the semester, **you, the authorizing supervisor, are responsible for notifying Information Reporting** via the return information below.

Return form(s) to: Pat Davis, Director, Information Reporting, 109-A Corthell Hall, Gorham
patdavis@usm.maine.edu (Phone) 207-780-5911 (Fax) 207-780-5517