ADHOC Report Request

This form should be used to request the creation of a report, data file or population selection. You must use a separate form for each request. Please be precise and accurate in your data specification. You will receive EXACTLY what you request.

Request Information
Date of Request: _____ ☐New Report ☐Modify Existing Report ☐One time ONLY ☐Recurring

Date Needed (Please allow sufficient time to process – DO NOT PUT 'ASAP'): _____

If modifying report or granting access to new user – **Current Report's name**: _____

User Information
Full Name: _____ Sutton2 ID #: _____
Department: _____ Title: _____ Email Address: _____
Phone: _____ Fax: _____

Report Information
☐Records ☐Registration ☐Finance ☐Financial Aid ☐Admissions
☐Human Resources ☐Alumni ☐Development ☐Other _____

Provide brief description of report:

Data to Display: (i.e. Name, Major, etc)

Selection Criteria:

Sort or total by:

Relevant forms / tables in Banner plus any additional information that would be helpful :

NOTE: Only directory or 'public' information will be given. If SSN, ID, gender, race, age, pay history, grades or any other sensitive data is requested, justification and approval are required before it is released. In addition, the sensitive information should only be shared with those having a legitimate educational or job related interest in the data. It must not be transferred to anyone in or outside of the University family without justification and approval for that particular person or entity.

JUSTIFICATION:
Please provide justification for the report. Be specific in explaining the reason for this request, so that it can be given full consideration. If the request is based on legal or regulatory requirements, please include reference to the specific statue, regulation or other authority involved. Non Directory information will not be given unless, justified, proven to be essential to job functions (view appropriate use policy) and approved by the Data Custodian.

Access to this report should be granted to (list full name and Sutton 2 ID#):

Signoff and Approvals:
As an individual whose position requires access to the requested data, I may be provided with access to confidential and valuable data and/or use of data systems. In the interest of maintaining the integrity of these systems and of ensuring the security and proper use of University resources, I will maintain the confidentiality of my password for all systems to which I have access. I will maintain in strictest confidence the data to which I have access. Any confidential information will not be shared in any manner with others who are unauthorized to view such data. I will use my access to the University's systems for the sole purpose of conducting official business of the University. I understand that the use of these systems and their data for personal purposes is prohibited. I understand that any abuse of access to the University's systems and their data, any illegal use of copying of software, any misuse of the University's equipment may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with the University Policy on Adherence to University Policy. I understand that this LOGON ID gives me access to administrative computing resources for my exclusive use and support of my work as an employee of or contractor to the Mississippi Valley State University. I understand that this access is controlled by my password. I take responsibility for changing my password on a regular basis and for maintaining the secrecy of my password. I understand that I am responsible for anything done on administrative computing resources with my LOGON ID. I take responsibility for maintaining the confidentiality of University information.
I have read the above in addition to the Mississippi Valley State University Information System Appropriate Use Policy and agree to comply
User Signature: _____ **Date:** _____
Supervisor Approval: _____ **Date:** _____
I assure that I have reviewed that above information and that the request appears to be in-line with the duties of the person making the request.
Data Custodian BASIC Approval: _____ **Date:** _____
The above listed user has access to sensitive data. They may ☐View and retain in office
☐View and forward to other University personnel
☐View and forward to outside entities.
Data Custodian SENSITIVE DATA Approval: _____ **Date:** _____