

# K-State Scholarship Network

## Access Registration Form

Please read the following, sign and date the form. Please return to: Security Administration, iTAC, 214 Hale Library

Department Name \_\_\_\_\_  
Employee Name \_\_\_\_\_  
K-State eID (electronic ID) \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Position Title \_\_\_\_\_ WID \_\_\_\_\_

**Action Requested: (check one)**

- New  
 Modify Access  
 Access Termination

Effective Date: \_\_\_\_\_

I acknowledge that I will be provided access to the K-State Scholarship Network (“KSN”) for the purpose of performing an institutional function on behalf of Kansas State University (the “University”) by administering and/or participating in the review and selection of recipients of institutional financial aid. I agree that I will not allow any other person to know or use my password and that, should my password become known to any other person (whether used or not), I will immediately change my password. I understand that should I allow another person to use my user ID and password, my access to the system may be permanently revoked.

Student-level data contained within the KSN is protected by the Family Educational Rights and Privacy Act of 1974 (“FERPA”) as well as the Higher Education Act of 1965 (“HEA”). I understand and agree that I will maintain the confidentiality of any and all personally identifiable education records to which I am permitted access through the system and that my use of such records is solely for the purpose of administering institutional student aid awards, such as the determination of student eligibility, calculation of award amounts, or enforcement of the terms/conditions of awards. I agree not to disclose any personally identifiable education records to any other person. Failure to comply with this requirement will result in my removal.

I further acknowledge and agree that at all times my participation in reviewing and selecting recipients for institutional financial aid shall be in compliance with the University’s anti-discrimination policy, Policy and Procedure Manual Chapter 3010.

By signing below, I agree to abide by the terms and conditions as well as all other FERPA/HEA guidance provided by the University and will complete K-State’s annual FERPA Self-Assessment provided via the Qualtrix online survey system distributed by e-mail. Additional FERPA guidance can be found at [http://www.k-state.edu/registrar/a\\_r/#STUREC](http://www.k-state.edu/registrar/a_r/#STUREC)

**I certify that I have read and that I understand the above terms and conditions:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### User Role

**System Administrator (KSUF and Student Financial Assistance staff only):** Modifies scholarship criteria and donor stewardship information  
**Scholarship Administrator:** Reviews and selects scholarship recipients and encumbers funds  
**Unrestricted Scholarship Committee Member:** Reviews scholarship recipients, provides scoring and feedback (can view protected student data)  
**Restricted Scholarship Committee Member:** Reviews scholarship recipients, provides scoring and feedback (limited access to student data)

Select One

- System Administrator
- Scholarship Administrator (Requires completion of KSN data security training)
- Unrestricted Scholarship Committee Member (Requires completion of KSN data security training)
- Restricted Scholarship Committee Member

### Access Level

**College Level Access:** Receives scholarship information for the entire college.  
**Department/Program Level Access:** Receives scholarship information for the specified department(s) or program(s).  
**Fund Account(s) Level Access:** Receives scholarship information for the specified fund(s).

Select One

- College Level Access (please specify College): \_\_\_\_\_
- Department/Program Level Access (please specify Department/Program): \_\_\_\_\_
- Fund Level Access (please list fund numbers or provide an attachment): \_\_\_\_\_

**PLEASE NOTE: College Dean must approve the request for the level of security appropriate for the user listed above.**  
(If not affiliated with a College, request approval should come from an Associate VP, Assistant VP, VP or Department Head)

\_\_\_\_\_  
Dean/Dept Head Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

iTAC Security Action Taken: _____
_____
Initials: _____ Date: _____