K-State Scholarship Network

Access Registration Form

Please read the following, sign and date the form. Please return to: Security Administration at adminaccess@ksu.edu

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 Canvas and distributed by e-mail. Additional FERPA guidance can be found at 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

1-User Role

> **System Administrator**: (KSUF, SFA, Admission, Campus IT only): Modifies scholarship criteria and donor stewardship information (criteria and donor stewardship is completed by KSUF) and more
> -FERPA training is required
> **Scholarship Administrator:** Reviews and selects scholarship recipients and encumbers funds
> -FERPA training is required
> **Unrestricted Scholarship Committee Member:** Reviews scholarship recipients, provides scoring and feedback
> -FERPA training is required
> -This role CANNOT encumber but can recommend recipients
> **Restricted Scholarship Committee Member:** Reviews scholarship recipients, provides scoring and feedback (limited access to student data)
> -FERPA training is required
> -As a reviewer, this role will solely be able to review applicant's general application data and not the conditional/college application data
> -This role CANNOT encumber but can recommend recipients

User Role (please select one)
- ☐ System Administrator
- ☐ Scholarship Administrator
- ☐ Unrestricted Scholarship Committee Member
- ☐ Restricted Scholarship Committee Member

2-Access Level

> **College Level Access:** You will receive access to college level funds (Dean level only) which DOES NOT include departments.
> **Department/Program Level Access:** You will receive access for your specific department or program.
> **Fund Account(s) Level Access:** You will received access for the specified fund(s).

Access Level (please select the access level)
Read these instructions carefully before making a selection
If you are needing both college (Dean Level) **and** department access then check "**All**".
If you are needing access to all departments within your college then type "**All Departments**" in the Department/Program Level Access. If you are needing access to a certain department then please list them out.

- ☐ College Level Access (please specify the college): _____
- ☐ Department/Program Level Access (please type "All Departments" or specify the Department/Program):
_____
- ☐ Fund Level Access (please list the fund numbers or provide an attachment): _____
_____
- ☐ All (You will receive access to the College **and** all of the Department/Program level funds).

PLEASE NOTE: College Dean must approve the request or if not affiliated with a college, the approval should come from the Provost or Associate VP.

_____	_____	_____	_____
Dean/Dept. Head Name	Title	Signature	Date

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