

**Yale University**  
**Student Financial and Administrative Services**

**Request for Access to the Graduate School Faculty Advising System**

Please FAX requests to 2-2787

**Note:** This form is for use by any Graduate School departmental DGS or administrator (proxy) who will be using the Graduate School Faculty Student Advising system. A proxy request must be signed by the DGS or departmental chair. DGS requests will be verified by SFAS and do not need an authorizing signature.

*All requestors must sign the Acceptance of Responsibility statement.*

Employee requesting access to the Faculty Student Advising System.

Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Building \_\_\_\_\_

Department(s) \_\_\_\_\_ Room No. \_\_\_\_\_

Net ID \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Hardware and Software Configuration:

Kind of computer

PC Compatible

Macintosh

Model: \_\_\_\_\_

**Acceptance of Responsibility Regarding Confidentiality**

I understand my acceptance of access to the Faculty Student Advising System signifies I accept the responsibility for complying with Yale's Policy for the Release of Student Information. I have read the section of the Yale University Policy Statement on Student Records (Buckley Amendment) pertaining to disclosure of information (see separate document). By my signature below, I understand and agree to preserve the security and confidentiality of any information I access.

I understand that when my need to access student information differs from that stated in this Access Request document, I will inform the Office of Student Information Technology Services.

Students are not allowed to have access to the student information except to the extent that they can view and update their own records via the web-based Student Information System. I understand I am responsible for the security of my password. I understand I am responsible for actions taken and work performed under my netid and I should not allow others to use my netid.

\_\_\_\_\_  
Signature of Yale Employee

\_\_\_\_\_  
Date

Departmental Authorization for proxies:

Name & Title of Authorizer (please print) \_\_\_\_\_

Signature of Authorizer \_\_\_\_\_ Date \_\_\_\_\_