

The University of Memphis Operating Procedure No. [2D:01:01R](#) provides additional information for completing this form.

Please **ADD** or **REMOVE** the following employee's access within my area of account responsibility:

Name:

Username:

Banner UID:

Position Number:

Job Title:

Employee Class:

Date Effective:

As an employee of The University of Memphis (or acting as an agent of the University), I am aware that the data and materials to which I may have access are to be treated in a professional and confidential manner. I agree herein, as a consideration of my employment, that I will not disclose or cause to be disclosed any such confidential information gained in the course of my employment at any time. No staff member should make any type of entry or adjustment including overrides to his/her own account, any relative's account or co-worker's account on either our cashiering or student system. Should there be reason for a valid entry to an account, the entry must be processed by the employee's supervisor.

I certify that I am aware of and have read the University Procedure entitled "Privacy of Education Records" which covers the confidentiality of student records, the improper release of information, and the improper alteration or destruction of student records. I further understand that I am responsible for reading and complying with all requirements of this procedure. Furthermore, information derived from Spectrum Student AR is not to be shared with others except in the course of authorized University business.

I am aware that any breach of the confidentiality of this material or any abuse of my position, including but not limited to alteration of records, destruction of records or other similar acts, may result in disciplinary action or constitute a basis for termination of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that the ultimate responsibility for any action taken by the above individual is mine.**

Financial Manager's Title:

Financial Manager's Name:

Financial Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**QUERY** Student AR or **UPDATE** Student AR

Authorized by Bursar's Office: \_\_\_\_\_ Date: \_\_\_\_\_