

Request for Access to Student Academic Records *Banner/AIR/CyberFriar*

Part 1: Please Print

Check One: Staff Access Faculty Access Student Worker/Grad Asst. Access		
Employee Name:Last	First	Middle Initial
Banner ID Number:		ivildale illicial
Email:		
Phone:		
Department:	Position:	
Access Requested:		
Same Access As (Name and Username):		
Reason for Request:		
Immediate Supervisor's Signature	Date	
Part 2: FERPA (Confidentiality Statement) Along with the right to access student educational records at Providence students particularly as outlined in the Family Educational Rights and members of the faculty and staff who have a legitimate need to know confidentiality. You must access only that information needed to complet Providence College has established the following as directory info Home Address/Telephone Number, Email Address, Date and Place of Birt Recognized Sports, Height/Weight of Members of Athletic Teams, and Awards Received, and Previous Educational Institutions Attended. Gender, Ethnicity, and Student Schedule) is confidential and may not be the student.	College, comes the responsibility d Privacy Act (FERPA). Stude their contents; however, you do he your assigned or authorized task. rmation: Student's Name, Local th, Major Field of Study, Class Yer Full or Part time Enrollment sta All other information (e.g., Grade e discussed with or released to anyone	ent records are open to nave a responsibility to maintain Under the terms of FERPA, Address/Telephone Number, ar, Participation in Officially atus, Dates of Attendance, Degrees es, Social Security Numbers,
I have read the above and agree to maintain the confidentiality of stu	ident records.	
Employee Signature	D	ate