PA7 System Access Request for Research

CONFIDENTIALITY STATEMENT – READ CAREFULLY AND SIGN By signing this application, I agree that I will not, outside of the performance of my duties, access, print, copy or disclose to any party (GW employee, GW student or anyone else) proprietary, confidential, and/or protected information, including proprietary licensed software residing on GW computer systems. I also agree not to disclose to any party (GW employee, GW student, or anyone else) my access codes and/or passwords. I agree to treat as confidential all information to which I have been granted access.

I further agree to keep confidential any and all data or information, whether in electronic or printed format, and to comply with the GW Information Technology Security Policy in accordance with the policies and procedures of The George Washington University, and any District, State, or Federal laws. This includes the confidentiality of information concerning GW's students, employees, vendors, and donors, as well as the University's proprietary information. This latter is addressed in the policy statement Code of Conduct for Users of Computing Systems and Services, Section 5, which can be found on the ISS Helpdesk website at http://helpdesk.gwu.edu. The confidentiality of student records is defined in the provisions of The Family Educational Rights and Privacy Act, as amended (20 U.S.C. 1232(G)), and with the regulations issued there under by the U.S. Department of Education.

I understand that if I fail to abide by these conditions, my access to any and all GW computer systems may be terminated and that disciplinary action, including possible termination of employment, may be instituted against me.

User's Signature: _____   **Date:** _____

User Information		
New Account	Name:	Title:
Change to existing Account	GWID:	School/Department:
Terminate Access	Net ID:	GW Email:

Role and Signatures	
SRA/Dept. Admin– Can initiate postings, view applicants, change applicant dispositions, and create and view hiring proposals.	*Requires Finance Director approval* Name: Signature:
SPA2/OVPR – Responsible for reviewing requests funded by sponsored project funds.	*Requires Assistant Director Post Award Management approval* Name: Signature:
Initiator – Responsible for creating position descriptions	

Only include home orgs not labor distribtuion orgs.

Please list the Orgs needed for your area									

Supervisor's Information		
Name:	**Phone:**	**Email:**

Supervisors Signature: _____   Date:

HR Represenative Signature: _____   Date: