

GRADUATE COLLEGE OBIEE REPORTS ACCESS REQUEST FORM

This form will be used to request and evaluate access to the Graduate College OBIEE Reports.

By submitting this request, you are not guaranteed access to OBIEE Reports.

Employee Information	
Name	Title
Employee Signature	Date
OHIO Email Address:	
College:	Department:
Which Department(s)/School(s) and/or College	e(s) do you need to view in OBIEE?
Which Campus(es) do you need access to? ☐ Athens ☐ Chillicothe ☐ Eastern ☐ Lancaste	er □ Southern □ Zanesville □ ECAM
Which OBIEE Reports are you requesting access ☐ Graduate College Dashboard	ss to? ☐ Graduate College Ad Hoc Reports
Signatures & Approvals *Required* "I, the undersigned, verify that the employee requesting within his/her current position. I will inform the Gradua of this employee that would warrant removal of access to	g access has a legitimate need to access the OBIEE system to fulfill responsibilities te College office and/or University Registrar of any change in the job responsibiliti to OBIEE."
Immediate Supervisor Signature (signature in	ndicates agreement with the statement above)
Name	
Title	
Signature	Date
Chair/Director/Dean (signature indicates agreeme	ent with the statement above)
Name	
Title	
Signature	Date

Once this information is complete, please return the form along with the signed FERPA Statement http://www.ohio.edu/oit/sis/upload/form-ferpa-compliance-statement.pdf to the Graduate College, 220 RTEC. Alternatively, you may scan this request form along with the FERPA Statement and email the document to:

Graduate College – gcadm@ohio.edu

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