



**OHIO**  
UNIVERSITY

Office of the  
University Registrar

Chubb Hall  
Athens OH 45701-2979

**REQUEST FOR ACCESS TO REGISTRAR  
SELF-SERVICE REPORTING SYSTEM**

**Complete and return to Bill Mullins, Office of the University Registrar, Chubb Hall.  
Note: [FERPA Compliance Statement](#) must be signed and submitted with this form.**

**Section I – Employee**

Employee for whom access is requested.

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Title/Classification: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Oak ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

By signing below, I agree to the following: to securely maintain the data produced by the Registrar Self-Service Reporting System; to not send any reported confidential data via e-mail; and when the data are no longer needed, to confidentially recycle any printed output containing confidential data produced by the reporting system.

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

**SECTION II – Dean/Assistant Dean/Department Chair/Student Services Director Approval**

I request that access to the Registrar Self-Service Reporting System be granted to the employee named above. I understand that by approving this access this employee will have access to confidential student record data maintained by the University and therefore, I am granting access only to employees with a legitimate job requirement. I will notify the Office of the University Registrar to delete this access when this employee terminates employment in this department.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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