



Request for Access to OnBase

Use this form to request access to Ohio University's OnBase Document Management System. Please fill out the form with Adobe Reader prior to printing for signatures. Failure to do so may result in delayed processing.

Note: Form will not be processed without the appropriate signatures

Employee Information

Purpose: New User Change Access Remove Access

Name: _____ Ohio ID: _____

Email: _____ Job Title: _____

Department: _____ Rm/Bldg.: _____ Phone: _____

Check one: Staff Faculty Student Other (Please Specify) _____

Is this account replacing an existing account? _____ If yes, whose account? _____

Can that account be deactivated? Yes No

Functionality Requested (Check all required):

- | | |
|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Retrieve/View Only (Basic) | <input type="checkbox"/> Delete - Documents |
| <input type="checkbox"/> Print | <input type="checkbox"/> Workflow Access |
| <input type="checkbox"/> Scan/Index Documents | <input type="checkbox"/> Import Documents |
| <input type="checkbox"/> Annotate | <input type="checkbox"/> Modify Keywords |
| <input type="checkbox"/> Apply/Read/Delete Notes | <input type="checkbox"/> Export Documents |

Briefly describe access needed or Position duties:

If there is an existing account in which this account should mirror please include that account in your description.

Signatures and Approvals

I understand that by circumstance of my employment with Ohio University, I may have access to student educational records or to personally identifiable student information, the disclosure of which is governed by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA), State of Ohio law and by University policy. I am aware that I must manage the data, materials and records to which I may have access in a professional and confidential manner.

I agree, therefore, that I will not disclose, or cause to be disclosed, student education records or personally identifiable information of which I have knowledge or to which I have access only in accordance with FERPA, State of Ohio law and University policy.

I agree to maintain the confidentiality and privacy of student education records during and after my period(s) of employment at the university. I understand that any disclosure of such records may be grounds for termination, prohibition of future employment, and/or (if applicable) student disciplinary action under the student code of conduct.

Employee

Name: (Please Print) _____

Signature: _____ Date: _____

“I, the undersigned, verify that the employee requesting access has a legitimate need to access the OnBase System to fulfill responsibilities within his/her current position. I will inform OIT of any change in the job responsibilities of this employee.”

Immediate Supervisor

Name: (Please Print) _____

Signature: _____ Date: _____

Chair/Director/Dean

Name: (Please Print) _____

Signature: _____ Date: _____

: Send completed/signed form to EDMS Office, 319 WUSOC, Athens, Ohio 45701
Phone 593-9869 or 597-2119 with questions.

You will be notified by e-mail after the request has been reviewed

For EDMS Office Use Only:

Data Custodian or Designee: _____ Date: _____

OIT Specialist: _____ Date: _____

Notes: