University of Oregon Singularity Access Form

Name: _____ UO ID: _____ Telephone: _____

Department: _____ Job Title: _____

Check one: ☐ Faculty ☐ GTF* ☐ Staff ☐ Student* ☐ Other (please specify) _____

Check one: ☐ Request Production access ☐ Request Production & Test access ☐ Terminate access

Students and GTFs must submit this form* **each *academic term to be reauthorized to access Singularity.*

UO Code of Responsibility for Security and Confidentiality of Records and Files

Security and confidentiality are matters of concern to all University employees and to all other persons who have access to administrative records, education records, reports, or any other confidential or privileged documents or information. The purpose of this code is to clarify responsibilities in these areas. Each individual who has access to confidential or privileged information is expected to adhere to the regulations stated below:

Any person who has access to administrative records, education records, reports, or any other confidential or privileged documents or information, may not:

- Reveal the content of any record or report to anyone, except in the proper conduct of his or her work assignments and in accordance with University policies and procedures.
- Make or allow any unauthorized use of information.
- Include false, inaccurate or misleading entry in any report or record.
- Expunge a data record or a data entry from any record, report or file.
- Share individual passwords with any other person.
- Seek personal benefit or allow others to personally benefit from the knowledge of any confidential or privileged documents or information.
- Remove any original or copy of an administrative record, education record, report, or any other confidential or privileged document, from the office where it is maintained, except in the performance of official duties and authorized by law.

Any knowledge of a violation of this code must be reported **immediately** to the violator's supervisor. Violations may lead to disciplinary action, including dismissal. Violations may also lead to criminal and civil liability.

Your signature below indicates that you have read, understand, and will comply with the above Code of Responsibility for Security and Confidentiality of Records and Files. This agreement shall be effective when signed below or in counterpart, photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

_____ _____
(Your signature) *(Date)*

Approved: _____ _____
(Signature of Dean/Department head) *(Date)*

Return completed form to Information Services Accounts Clerk in McKenzie Hall
(Please refer to http://BG/ for further information)
(Fax: 541-346-6836)

Computing Center Only

Username: _____ **Completed by:** _____ **Date:** _____

Notes: