

## HR-INFO Application Authorization Agreement for Accessing University Information

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

Net ID (required)\*: \_\_\_\_\_ Phone Number and Extension: \_\_\_\_\_

Department: \_\_\_\_\_ Reporting Relationship Code: \_\_\_\_\_

**Approved By:**

\_\_\_\_\_  
Vice President/Chancellor Signature

Many faculty and staff have functions and responsibilities that require them to access information while supporting the university's mission of education, research, and service. This information includes such material as personnel data and performance reviews, account and financial reports, and student records. This information can be in either electronic or hard copy formats. By signing below, you understand and agree that authorization to access university information is granted solely for the purpose of carrying out your duties in conducting university business. You also agree that university information may be shared only with other employees or others who have a need to know this information in order to perform their duties on behalf of the university. You also agree to request in advance the consent of your chair or supervisor for the permission to disclose university information to anyone else.

By signing below, you also understand and agree not to disclose passwords, access procedures, and security protocols regarding the university's computer systems and information technology resources except as may be required to perform your official duties. Personal computers and work stations will be kept inaccessible to others when you are absent from your work area. Any file created from university information also will be secured and discarded in a manner that protects the information from access by others.

By signing below, you further understand and agree that any right of public access under the law to university records does not relieve you of the obligation to comply with the provisions of this *Agreement*. You also understand and agree that a violation or breach of this *Agreement for Accessing University Information* may result in disciplinary action, including termination. You understand and agree to be bound by the provisions of this agreement even after your employment with the university has ceased.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

**For University Human Resources/OIT Use Only:**

University Human Resources Approval: \_\_\_\_\_ Level of Access: \_\_\_\_\_

HR-INFO Account: \_\_\_\_\_ System Access: \_\_\_\_\_

Assigned By: \_\_\_\_\_ Date: \_\_\_\_\_

\* To create a computer account visit [www.oit.rutgers.edu/services/account/quick.htm](http://www.oit.rutgers.edu/services/account/quick.htm) and click on "Faculty/Staff" for your regional campus

**Return completed form to:**  
William A. González  
University Human Resources  
ASB II, 57 US Highway 1  
G.H. Cook Campus