

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.

**CCS APPLICATION SECURITY NEW USER/CHANGE/ VERIFICATION FOR CCS ANNUAL SECURITY AUDIT**

- If you are using this form to Establish a New User Account**, list the Screen ID number and information in the space provided below.
- If you are using this form to Make Changes to Your Existing Account**, list the additions or changes in the space provided below. Write a brief explanation for the changes, e.g., add screens, change user access levels, delete screens or cancel user access.
- Annual Security Audit (Only applies during the annual security audit)**. Review the list of screens and user access levels listed in the left-hand column. Note any additions, changes or deletions. (Left-hand column will list all of your screen access information at the time of the security audit).

SCREEN ID	SCREEN TITLE	MENU PAGE NUM.	USER ACCESS LEVEL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

**OFFICE  
USE  
ONLY**

**Sign and date this form. Have your supervisor complete his/her information. Forward the completed form to your campus security representative.**

**Signatures** \_\_\_\_\_ **Date** \_\_\_\_\_

User \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor's name (print) \_\_\_\_\_

Supervisor's phone number \_\_\_\_\_ Mail stop \_\_\_\_\_

Security authorization \_\_\_\_\_

Security authorization \_\_\_\_\_

Security authorization \_\_\_\_\_

Security authorization \_\_\_\_\_

<p><b>Security Representatives</b>                  FMS: John Huffstutter (MS 1006)                  IEL: Marsha Cranston (MS 3090)                  HRO : Melody Matthews (MS 1004)                  PPMS : David Hollingsworth (MS 1006)                  SCC: Jo Ann Burchell (MS 2150)                  SCC Fin. Aid: Sue Jarvis (MS 2152)                  SFCC: Ellen Brown (MS 3011)                  SFCC Fin. Aid: Jille Shankar (MS 3172)</p>	<p><b>USER ACCESS LEVELS</b>                  0 = Inquiry Only                  2 = Add, change, inquire                  1 = Change and Inquire                  3 = Add, change, inquire, delete</p> <p><b>SYSTEM ENTERED BY DATE</b>                  Security 3000</p>
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# Community Colleges of Spokane APPLICATION SECURITY FORM

This form must be completely filled out on both the front and back sides or it will be returned to you.

Indicate if you are using this form to:  Establish a New User Account  Change your Existing Account  Annual Security Audit

Name \_\_\_\_\_ Phone \_\_\_\_\_ Mail stop \_\_\_\_\_  
Last First MI

Indicate only one employment type, home campus, account and application per form. Complete additional forms for other accounts.

Employment type:  Full time  Part time  Work-study

Home campus:  SCC (P171)  SFCC (P172)  IEL (P172)  District (P170) **HP 3000 LOGON** \_\_\_\_\_  
(Home Campus is where you are employed) e.g., MAJSCC

Account:  SCC (P171)  SFCC (P172)  IEL (P172)  District (P170) **Application LOGON** \_\_\_\_\_  
e.g., SMJONESM

Applications:  SMS  FAID  FMS  CA  SCHD  FAE  PPMS  SMS-ADM

Have you been assigned SCAN authorization number?  Yes  No If not, has one been requested?  Yes  No

**DO NOT enter SCAN number on this form.** SCAN numbers can be requested from Tom Marchant by e-mail or phone at 8150.

## CODE OF RESPONSIBILITY FOR SECURITY AND CONFIDENTIALITY OF RECORDS AND FILES

Security and confidentiality are a concern to all employees of Community Colleges of Spokane (CCS), and a particular concern to the student registration and records, financial and payroll/personnel staff. By receiving access to CCS administrative application, administrators, faculty, classified staff, and work-study students are placed in a unique position of trust. The purpose of this document is to clarify your responsibilities. Sharing information from the CCS administrative applications with persons other than the student violates the Family Education Rights and Privacy Act requiring confidentiality.

Violation of this code of responsibility may lead to action under Community Colleges of Spokane's Manual of Selected WACs for Students and all District Employees, and/or state of Washington statutes pertaining to theft, alteration of public records or other application state or federal sections. Your signature below indicates adherence to the following:

1. Unauthorized use of any information in files maintained, stored or processed by Community Colleges of Spokane is prohibited.
2. No one is permitted to seek personal benefit or allow others to benefit personally by knowledge of any confidential information, which has come to them by virtue of his/her access to CCS data except in the conduct of their work assignment and in accordance with Community Colleges of Spokane's policies and procedures.
3. No one is to exhibit or divulge the contents of any record to any person except in the conduct of his/her work assignment and in accordance with Community Colleges of Spokane's policies and procedures.
4. No one may knowingly include or cause to be included in any record a false, inaccurate, or misleading entry. No one may knowingly expunge or cause to be expunged any record or data except in the conduct of his/her work assignment and in accordance with Community Colleges of Spokane's policies and procedures.
5. No official record, report, or copy thereof from the office where it is maintained, may be removed for any purpose not specific to performance of one's job.
6. No one is to aid, abet, or act in conspiracy with another to violate any part of this code.
7. No one is to share his/her assigned "USERID/ Password" logon information with others or allow others access to computer sessions logged on with that information, except when working with technical support staff. Part-time staff and work-study students must obtain their own unique logon.
8. Any knowledge of a violation of the code must be immediately reported to the appropriate supervisory and administrative staff.

**I have received a copy of, have read, do understand and will comply with Community Colleges of Spokane's Code of Responsibility for security and confidentiality of records and files.**

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

Printed name \_\_\_\_\_

**Complete the reverse side of this form to establish a new user account, change your existing accounts, or to review your current screens and access levels for the annual security audit.**