

# Documentum Authorization Form

## Office of Registrar

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dept: \_\_\_\_\_ Bldg Cde/Room:: \_\_\_\_\_

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### Select the type of action for this authorization:

New ID     Change Access     Delete ID

### Select the type of document activity:

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### School or Office:

- |   |   |
|---|---|
| <input type="checkbox"/> Dental School                          | <input type="checkbox"/> School of Public Health                  |
| <input type="checkbox"/> Graduate School of Biomedical Sciences | <input type="checkbox"/> MD Anderson School of Health Professions |
| <input type="checkbox"/> Medical School                         | <input type="checkbox"/> UTHSC Tyler                              |
| <input type="checkbox"/> School of Biomedical Informatics       | <input type="checkbox"/> Office of the Registrar                  |
| <input type="checkbox"/> School of Nursing                      | <input type="checkbox"/> Office of International Affairs          |
| <input type="checkbox"/> Office of Student Financial Aid        |   |

**Student Records information is confidential information protected by the Family Educational Rights and Privacy Act (FERPA). It is the responsibility of the employee to protect and hold confidential all applicant/student data according to FERPA.**

Schools: \_\_\_\_\_  
*Signature—Assoc Dean/Div Director*                      *Print Name*                      *Date*

Registrar: \_\_\_\_\_  
*Signature*                      *Print Name*                      *Date*

All individuals are responsible for the management of information resources and are accountable for their actions relating to information resources security. Individuals using information resources are expected to know and comply with published university policies and procedures. By signing this contract, you agree to only use the userid/password for the purpose intended and not to share or disclose a password. Failure on the part of any individual to comply may result in disciplinary action including suspension without pay or termination of employment or contract. A person may be subjected to civil or criminal legal sanctions when a violation occurs. It is the responsibility of all personnel to report any suspected criminal or confirmed violations of this policy to the Registrar's Office or appropriate management.

Employee: \_\_\_\_\_  
*Signature*                      *Print Name*                      *Date*