Ministry of Advanced Education, Skills and Training

NAME OF INSTITUTION: ______________________________________________________________

INSTITUTION CODE: _______________

CONDITIONS FOR USE OF COMPUTER DATA

Access to and the use of computer and telecommunications services of StudentAid BC are subject to the following conditions:

The user may NOT:

a. Permit any other person to use their assigned User ID
b. Divulge, share or compromise their User ID or Password
c. Attempt to access or modify computer programs or data of another user, without the explicit authorization of that user
d. Enable other Users to access computer programs or data belonging to a third party without the consent of that third party
e. Use the computer system or data for activities different from those for which access is granted
f. Make unauthorized copies of computer programs or data
g. Reveal details or any checking, editing, validating, balancing, or security mechanisms included in hardware or computer programs to any unauthorized persons
h. Test or examine security related to the computer system
i. Take any action which might reasonably be construed as likely to alter or destroy computer programs or data or to render them meaningless, useless, or ineffective.

The user IS:

a. Accountable for all actions performed under his/her User ID
b. Responsible to ensure any institutional user follows the above rules
c. Required to advise the Ministry of Advanced Education, Skills and Training without delay, of any circumstances, incidents or events, which may impact or relate to the security of the computer system or the data stored in it.

Users should note that monitoring of their usage of the system will be carried out periodically by the Ministry of Advanced Education, Skills and Training.

The undersigned User:
- Agrees to adhere to the conditions for use as set out above
- Agrees to advise the Ministry of Advanced Education, Skills and Training of any circumstances, incidents, or events that may impact or are related to the security of the facility, applications or data
- Understands that any breach of these conditions may be investigated and appropriate action may be taken.

_________________________________ _________________________________ _____________________
Signature of Institution User  Print Name    Date

____________________________________________________________________________________
Address of Institution

_________________________________   ____________________   _______________________
Province    Postal Code  Phone #
SYSTEM USER AUTHORIZATION FORM

FIRST NAME MIDDLE INITIAL LAST NAME

WORK PHONE NUMBER: (______) ________________________ FAX: (______) ________________________

E-MAIL ADDRESS: ________________________________________________________________

ORGANIZATION: ________________________________________________________________

ADDRESS: ________________________________________________________________

STREET

CITY PROVINCE POSTAL CODE

JOB TITLE: ________________________________________________________________

DATE REQUIRED: ________________________________

SYSTEM REQUESTED: [ ] SFAS [ ] SAIL

ENVIRONMENT: [ ] PRODUCTION

PLEASE SPECIFY:

[ ] NEW USER ACCESS SAME AS EMPLOYEE: ________________________________________________

NAME USER ID

BCEID (SAIL ACCESS): ________________________________________________________________

CHANGE ACCESS (SPECIFY): _____________________________________________________________

DELETE USER

APPROVED/REQUESTED BY: ___________________________________________________________

SUPERVISOR/MANAGER SIGNATURE

TITLE: ________________________________________________________________

PRINT NAME

DATE