

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
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Address of Institution _____

Province	Postal Code	Phone #
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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:	<input type="checkbox"/> SFAS	<input type="checkbox"/> SAIL
ENVIRONMENT:	<input checked="" type="checkbox"/> PRODUCTION	
PLEASE SPECIFY:		
<input type="checkbox"/> NEW USER	ACCESS SAME AS EMPLOYEE:	_____
	NAME	USER ID
<input type="checkbox"/> BCEID (SAIL ACCESS):	_____	
<input type="checkbox"/> CHANGE ACCESS (SPECIFY):	_____	
<input type="checkbox"/> DELETE USER		

APPROVED/REQUESTED BY: _____	TITLE: _____
SUPERVISOR/MANAGER SIGNATURE	

PRINT NAME	

DATE	