Electronic Confirmation of Enrolment System Access Request Form

Ministry of Post-Secondary Education and Future Skills

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 Post-Secondary Education and Future Skills 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 Post-Secondary Education and Future Skills.

The undersigned User:
- Agrees to adhere to the conditions for use as set out above
- Agrees to advise the Ministry of Post-Secondary Education and Future Skills 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 #

December 2022
# SYSTEM USER AUTHORIZATION FORM

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>LAST NAME</th>
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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