

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 #



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: _____ TITLE: _____

SUPERVISOR/MANAGER SIGNATURE

PRINT NAME

DATE