California State University
Northridge

Student Inquiry and Advisement
ACCESS REQUEST FORM

Print | Reset Form

1. USER INFORMATION (Note: If you don't know the Operator ID number, leave the field blank.)

Name, Last: | First: | Middle: | Employee ID #:

Job Title: | Effective Date:

E-mail: | Ext: | Operator ID #:

Dept Name: | Dept ID #:

2. REQUEST TYPE
☐ New Access ☐ Modify Access

3. EMPLOYEE STATUS
☐ Permanent ☐ Temporary ☐ Student Worker ☐ Auxiliary

4. SELECT ONE ROLE

☐ Add ☐ Delete **Advisement Staff** (NRSA Advisement All)
Employees that need to view student records and add/remove Service Indicators (holds). Includes Student Inquiry All access.

☐ Add ☐ Delete **Staff/Faculty** (NRSA Student Inquiry All)
Employees that need to view student records, run DPRs, and Unofficial Transcripts and major/minor inquiry.

☐ Add ☐ Delete **Staff/Faculty** (NRSA Student Inquiry Limited)
Employees that need to view student records without DPRs or Unofficial Transcripts.

☐ Add ☐ Delete **Outreach Staff** (NRSA Student Inquiry Applicant)
Employees that need to view applicant's information only.

☐ Add ☐ Delete **Student Workers** (NRSR Student Inquiry All SW)
Employees that need to view student records from 8 a.m. to 5 p.m. Monday through Friday only.

☐ Add ☐ Delete **Credential Staff** (NRSR Credential Audits SP)
Employees that need to view student records and run Credential Audits.

☐ Add ☐ Delete **Administrators, EOP/SSC Directors** (NRSA Audit Transcripts)
Stand alone role appropriate for employees that need to view Audit Transcripts. This role does not include student inquiry.

☐ Add ☐ Delete **Graduate Advisors** (NRSA DARS Advisors)
Employees that need to view/run Master's Degree Progress Reports.

☐ Add ☐ Delete **Major/Minor Approver** (NRSA Chg Major Approval)

ACAD ORG. #

☐ Add ☐ Delete **EAB** (NRSA EAB SCC)

☐ Add ☐ Delete **Other:** _____

Gatekeeper Use Only
Service Indicators

Code	Reason	Add	Delete
ADV	ADV		
AM	S		
AM	H		
AM	R		
AM	I		
AM	M		
AM	P		
AM	J		
AM	V		

5. APPROVALS

MPP Administrator, Financial Manager, EOP Director, SOLAR Coordinator, and Dean: My signature certifies that the employee requires the above indicated field within the PeopleSoft system to perform their job duties. I understand that it is my obligation to ensure that adequate training is provided to the employee in compliance with state and federal laws, and University policies governing access to information contained in employee, applicant, and student records.

Applicant's Supervisor Print _____ Signature _____ Date _____

E-mail _____

Advisement Gatekeeper SHALLY DHIMAN Signature _____ Date _____

Security Administrator Print _____ Signature _____ Date _____

6. Send the completed form to Inquiry and Advisement Gatekeeper at UN 215, Mail Code 8203. Questions call ext. 2969.

Revised: 3/16/15