

Syracuse University Admin PASS System

Access Request Form

Name: _____ Position Title: _____

High School Partner: _____

The PASS computer system is owned by Syracuse University. It may be accessed and used only by persons who have been authorized by Syracuse University. Any access or use by an unauthorized person, and any access or use by an authorized person exceeding his/her authorization including, but not limited to, unauthorized copying, reproduction, or duplication, are prohibited. Any prohibited access or use of this computer system may be a violation of the New York State Penal Law, and violators of the law may be prosecuted.

Disclosure: Please note that information contained in PASS includes confidential education record information within the meaning of the federal Family Educational Rights and Privacy Act, as amended ("FERPA"), with respect to students enrolled at or receiving services from your school. By accessing this information, you agree to utilize it solely for legitimate educational purposes, and that you will not re-disclose the information without the prior consent of the students to whom it pertains.

I have read the terms for PASS access and use outlined above.

I agree to abide by the terms outlined above.

Printed Name _____ Signature _____

Email _____ Phone _____

Principal Name _____ Principal's Signature _____

Email _____ Phone _____

Date _____

Please return Access Request Form to:

Barbara Lake, Office Coordinator

Email: blake@syr.edu Fax: 315-443-1626 /2585