

BOG Reporting Systems Access Request Form

Revised: 08/02/2019

A. USER ACCOUNT INFORMATION				
First Name:	Last Name:			
Phone:	Email:			

B. REPORTING SYSTEM & USER ROLE SELECTION

System	Role			
☐ Academic Program Pre-proposal Recognition System (APPRiSe)				Submitter
☐ Academic Program Review	O Viewer			O Submitter
☐ Accreditation Review System				Submitter
☐ Application Portal Manager				O Submitter
☐ CAVP Academic Coordinating Group	O Viewer			O Submitter
☐ Chief Audit Executives Reports System (CAERS)	O Viewer		O Uploader	O Submitter
☐ Data Request System (DRS)	O Viewer		Uploader	Submitter
☐ Educational Plant Survey	O Viewer			O Submitter
☐ Educational Sites Inventory	O Viewer			
☐ Non Profit Document Submittal System (NPDSS)	O Viewer			O Submitter
☐ Online Program/Major Inventory System	O Viewer		O Uploader	O Submitter
☐ Secured File Transfer Application				O Submitter
☐ Space Data Management System (SDMS)	O Viewer	Validator	Uploader	Submitter
☐ State University Database System (SUDS)		O Validator	O Uploader	O Submitter
☐ Workiva Wdesk			Uploader	Submitter

• Visit the Office of Data Administration & State Reporting <u>website</u> for additional information on BOG Reporting Systems.

Role	Description
Viewer	This role allows users to view reports. This role does <u>not</u> allow users to enter comments, upload files, or submit data to the Board of Governors.
Validator	This role allows users to view reports and enter comments. This role does <u>not</u> allow users to upload files, or submit data to the Board of Governors.
Uploader	This role allows users to view reports, enter comments, and upload files. This role does <u>not</u> allow users to submit data to the Board of Governors.
Submitter	This role allows users to view reports, enter comments, upload files, and submit data to the Board of Governors.



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C. SUDS SUBMISSION SELECTION				
Select data submissions from the State University Database System (SUDS).				
☐ Admissions (ADM)	☐ Student Financial Aid (SFA)			
Expenditure & Analysis (EA)	☐ Student Instruction File (SIF)			
☐ Hours to Degree (HTD)	☐ Student Instruction File Degrees Awarded (SIFD)			
☐ Instructional & Research Data (IRD)	☐ Student Instructional File Preliminary (SIFP)			
☐ Operating Budget (OB)	☐ Teacher Education Information (TEI)			
☐ Retention (RET)	☐ University Employee/OPS (EMPL)			
☐ Salary Category Detail (SCD)				
D. USER CERTIFICATION				
 Data to which you have access in the conduct of legitimate University business cannot be used for any other purposes, nor may it be passed on by you to any other person, in any form, for any purpose other than legitimate University business. You are responsible for the security of the data to which you have access. This includes your adherence to University, College, Campus and departmental policies regarding access to data, keeping data and printouts in secure locations, periodically changing passwords, and ensuring your workstation is not accessible to others who do not have legitimate access to it when you are not physically present. You are responsible for distinguishing between public, directory and confidential information. For guidance, see the USF catalog and USF Policy 0-106. Confidential information regarding students or staff cannot be released in any personally identifiable format without permission of the individual. Individual directory information may be released unless a student has requested to keep their information confidential. Any public information may be displayed in either individual or aggregated format. For consistency, official counts of students, employees and other items are developed or maintained by the Office of Decision Support (ODS). It is your responsibility to use these official counts on surveys, news releases, grant proposals or other documents. 				
Printed Name:	Title / Department:			
Signature:	Date:			



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E. SUPERVISOR CERTIFICATION

Printed Name:

Signature below indicates that the user stated above has legitimate business need for access to the selected Florida Board of Governors reporting systems(s).

For reporting systems containting student information: The employee has successfully completed the FERPA Quiz and all other information is true and correct.

Title / Department:

Signature:	Date:			
Please provide a brief justification for the access requested:				
F. SUB-CERTIFIER / PRIMARY EXECUTIVE REVIEWER APPI	ROVAL			
Signature below indicates that the submission data resides within my area of responsibility. The user stated above has				
legitimate business need and is approved for access to the selected Florida Board of Governors reporting systems(s).				
Printed Name:	Title / Department:			
Signature:	Date:			