



1 University Place
Newport News, VA 23606

Phone: (757) 594-7155

Student Self Service (CNU Live) Access Form for Adjunct Faculty (Acceptable Use of Student Information)

PART I: Demographic Information

Name: _____ Date: _____
 SSN*: _____ Date of Birth: _____ Gender: Male Female
 Address: _____
 E-mail Address: _____ Home Phone #: _____ Work Phone #: _____
Requests cannot be processed without a full legal signature.

PART II: Education and College/Department Information

Education: PhD/EdD: (Please specify university and degree.)
Masters: (Please specify university and degree.)
Bachelors: (Please specify university and degree.)
 College/School: _____
 Hiring Department: _____
 Hire Term: _____
 Role(s): Faculty Advisor (Check all that apply.)

PART III: Workload Information

Please list the Subject(s), Course Number(s), and CRN(s) for all courses to which this individual is assigned during the first term of hire.

Course Information:	Subj: _____	Course No: _____	CRN: _____
	Subj: _____	Course No: _____	CRN: _____
	Subj: _____	Course No: _____	CRN: _____

Workload Status: Full Time Part Time Adjunct (Check only one.)

PART IV: Academic Dean's Approval

Signature of Academic Dean or University Provost Required

Signature: _____ Date: _____

PART V: Acceptance of Privacy Policy and Use of Information

Security of Data: Student Records are protected under the Family Educational Rights and Privacy Act of 1974. Students may not view their records or receive their academic information without appropriate identification (University ID or driver's license). University officials with a legitimate educational interest may view student records and/or student data. University officials may not release student record data without written permission of the student. Please retain the attachment regarding FERPA for your records.

Certification: You are required to review and adhere to the University's policy of release of student information at the following URL (<http://www.cnu.edu/admin/regis/FERPA.htm>) and the University's "Policies Regarding the Use of the University's Computing and Communications Systems at the following URL (http://www.dhrm.state.va.us/hrpolicy/policy/pol1_75.pdf). I certify that I understand my responsibilities as an authorized user of the Banner Student Information System and student education records and am in compliance with the requirements under the above certification. By signing this form, the faculty member confirms that s/he has reviewed the relevant FERPA training materials available via the Office of the Registrar website (<http://registrar.cnu.edu/facultyforms.html>) and that s/he will comply with FERPA and CNU records and privacy policies, procedures, and practices.

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Signature of Faculty Member: _____ Date: _____

ADMINISTRATIVE USE ONLY

Processed by: _____ Assigned ID No: _____ Date: _____

Faculty members at CNU utilize CNU Live, the web based self-service function, to access class rosters and assign mid-term and final grades.

*Note: Voluntary disclosure by signer.