



1 University Place
Newport News, VA 23606

Phone: (757) 594-7155

Student Self-Service (CNU Live) Access Form for Full-Time Faculty (Acceptable Use of Student Records)

PART I: Demographic Information

Name:	_____	Date:	_____
SSN*:	_____		
Date of Birth:	_____	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	_____ _____		
E-mail Address:	_____		
Home Phone #:	_____	Work Phone #:	_____

PART II: Education and College/Department Information

College/School:	_____		
Department:	_____		
Hire Term:	_____	End Term: (if applicable)	_____
Role(s):	<input type="checkbox"/> Faculty <input type="checkbox"/> Advisor (Check all that apply.)		

PART III: Approval

Authorization of University Provost Required

Signature:	_____	Date:	_____
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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.

Requests cannot be processed without a full legal signature.

Signature of Faculty Member:	_____	Date:	_____
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ADMINISTRATIVE USE ONLY

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

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