

GRADUATE STUDENT TRACKING (GST) SECURITY FORM

EMPLOYEE ACKNOWLEDGEMENT: *I acknowledge that I occupy a position of special trust with duties that will bring me into contact with information or information resources that are of value to The Florida State University and that require protection. I further acknowledge that I am required to uphold the policies and procedures adopted to safeguard the information and associated resources that may be entrusted to me or with which I have contact. I agree to report violations of policies or procedures to my supervisor, the Information Security Manager or other person designated the responsibility for handling security violations. Further, I agree to protect my User ID and related passwords from unauthorized use at all times and understand that activity logged to my User ID is my responsibility.*

I acknowledge misuse of this authority could lead to disciplinary or criminal action.

*****USER INFORMATION MUST BE COMPLETELY FILLED OUT*****

First Name: _____ **Last Name:** _____

Email: _____ **FSU ID:** _____

College: _____

****List the Department/s or College/s you need to access in the "Department/s or College" section below****

Department/s or College/s: _____

Access Level: **View Organization(s)**
View College
View University
Graduate Coordinator (Depts)
Graduate Coordinator (College)

Comments:

EMPLOYEE

Signature: _____ **Date:** _____

DEPARTMENT SECURITY COORDINATOR

Printed Name: _____ **Signature:** _____ **Date:** _____

ACADEMIC DEAN or DEPARTMENT CHAIR

Printed Name: _____ **Signature:** _____ **Date:** _____

Please email this form to:
James Beck
jpbeck@fsu.edu