



## REQUEST FOR ACADEMIC PROGRAM PROFILE ACCESS

This form is to be used *only* for requesting access to the Academic Program Profile (APP). If you have any questions, call ASU Institutional Analysis at (480) 965-2318. To request access to other systems, contact Computer Accounts at (480) 965-1211 email [Computer.Accounts@asu.edu](mailto:Computer.Accounts@asu.edu)

### 1. Applicant Information – Provide the information requested below.

Full Name (Last, First, Middle)		ASU ID Number	ASURITE User ID (please print)
Email address (if known)		Phone Number	Fax Number
Job Title	College or VP	Department	Mail Code

### 2. Policy Agreement – Read and understand the following policies and then sign that you agree to them below.

The ASU Data Access Policy states that university employees will receive access to the data they need to perform their job. However, this access and permission to use data is limited to the scope of their job responsibilities at ASU. The ASU Data Usage Policy states that granting data access is a statement of confidence on the part of the University that employees will use the data for the purpose intended, not for personal gain, or other activities that are not job related. The Data Transfer Policy states that employees shall ensure data is used appropriately even if the data is transferred to another location or media. Data Release Guidelines require that data not be released into the public domain (ie. newspaper, television) or to other organizations without involving the ASU offices that are responsible for communicating to these entities.

Further explanation of these policies is available at [http://www.asu.edu/data\\_admin/data\\_administration-Data Access Policy.html](http://www.asu.edu/data_admin/data_administration-Data Access Policy.html).

The Academic Program Profile access policy is available at <https://app.vpaa.asu.edu/accesspolicy.cgi>.

This form can be downloaded as a PDF at: <http://www.asu.edu/uoiia>.

Applicant Signature	Date signed
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### 3. Describe the purpose or need for access:

### 4. Authorized Signer \* – Sign and complete information below.

Authorizing Signature	ASURITE User ID (please print)	Date Signed
Please Print Name	Please Print Title	

\* A signature is necessary from the appropriate department chair, dean, assistant dean, associate dean, or senior administrator.

### 5. Fax the Completed Form to Institutional Analysis (480) 965-1559. (or Mail Code 1203)