



## EIS Student Records Access Authorization Form

All faculty, staff, students and visitors (contractors, consultants, etc..) requesting access to student data in EIS (Enterprise Information System) are required to complete the Family Education Rights Privacy Act of 1974, as Amended (FERPA) training through LearnHSC managed by Institutional Compliance and Integrity. Download and submit your FERPA training certificate along with this form to the UNTHSC Registrar’s Office at [registrar@unthsc.edu](mailto:registrar@unthsc.edu).

I understand that by virtue of employment or contract with the University of North Texas Health Science Center, I may have access to records that contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA).

I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates University of North Texas Health Science Center policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

### Agreement

By signing this form, I am affirming that I have reviewed/completed and understand all the information regarding FERPA provided on the LearnHSC training website managed by Institutional Compliance and Integrity .

I understand that all information contained in EIS is regulated by university policy and procedures. Any unauthorized use of these systems could result in the loss of Student Record Access and possibly disciplinary or criminal action.

**ALL INFORMATION BELOW IS REQUIRED BEFORE ACCESS CAN BE UPDATED IN EIS.**

#### UNTHSC Faculty/Staff/Student Access:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Requested

\_\_\_\_\_  
Signature

\_\_\_\_\_  
**EMPLID & EUID**

\_\_\_\_\_  
Department

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
UNTHSC Email

\_\_\_\_\_  
Supervisor (Print)

\_\_\_\_\_  
Supervisor (Signature)

#### Non-HSC Employee

\_\_\_\_\_  
Name (i.e. Contractors, consultants, etc.)

\_\_\_\_\_  
Purpose for access

\_\_\_\_\_  
Company/Business Name

\_\_\_\_\_  
Last date access required