

# DARSweb

## Faculty Advisor Access Request

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Complete and send to: Enrollment Services  
219 Student Services Building  
865.974.4316

1. Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

2. SS#: \_\_\_\_\_ UT ID: \_\_\_\_\_

3. Birthdate: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. UT Position/Job Title: \_\_\_\_\_ Net ID: \_\_\_\_\_

5. College: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

### SECURITY OF USER IDS AND PASSWORDS

Your user ID and password may not be shared with anyone. This account is established for your use only. You may not log anyone other than yourself on to DARSweb with your user ID or password. Violation of this policy could result in revocation of access to DARSweb and disciplinary action up to and including termination of employment.

### CONFIDENTIALITY OF EDUCATION RECORDS

The confidentiality of education records is governed by The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, as amended, and its implementing regulations, and the confidentiality provisions of the Tennessee Public Records Act, Tenn. Code Ann. § 10-7-504 (a)(4). Absent the student's written consent, review and approval by the Chancellor, the Dean of Students, the Dean of Enrollment Services, or the University Registrar (or their designees) is required for the exercise of the statutory exceptions to the confidentiality of education records, including any lawful disclosure to non-University persons or agencies and disclosure under emergency circumstances.

CONFIDENTIALITY: I understand that under mandate of federal and state laws identified on this form, University policy protects the confidentiality of education records (including student academic histories) and information contained in education records. Without the student's written consent, I will not disclose education records or information contained in education records to any person or organization outside the University or (2) to any office or individual within the University community unless that University office or individual has been determined by the University to have a legitimate educational interest. I will keep the records and information I retrieve in such a way that they cannot be accessed by unauthorized persons, and when no longer needed for the purpose(s) described below, I will destroy all copies so that they are no longer recognizable. I will use the education records and information in those records solely for the following legitimate educational purpose(s) related to my University employment. By signing below, I certify that I understand and will comply with the above-stated limitations on disclosure and use of all education records I access through my SIS account. I understand that failure to comply with these limitations is a violation of University policy subject to disciplinary action up to and including termination of employment. I further understand that failure to comply with the restrictions outlined on this form concerning security of my SIS user ID and password is a violation of University policy subject to revocation of SIS access and disciplinary action up to and including termination of employment. Student Information Systems Account Request

Signature \_\_\_\_\_ Date \_\_\_\_\_

User Access Granted \_\_\_\_\_ Date \_\_\_\_\_

Registrar Approval \_\_\_\_\_ Date \_\_\_\_\_