

Worcester State University
Application for Colleague Social Security# Access
(submit with Colleague Application if first time account)

Name: _____ Department: _____

VIEW Social Security # Access* OR View/Add/Edit Social Security # Access*

[supervisor **must** provide rationale and specific departmental Electronic Policy must be available at <http://sharepoint.worcester.edu/wscp/> prior to granting approval]

In signing this request for access, the user agrees to abide by the Worcester State policies on Administrative Computing Security and on Confidentiality of Student Records (<http://it.worcester.edu>). The user will utilize computerized information only as necessary in the fulfillment of job responsibilities and will protect the confidentiality of that information. The user agrees to maintain the privacy of his/her User ID and password and the user will not allow another employee to access information through his/her account.

User Signature: _____ Date: _____

*Registrar Signature: _____ Date: _____

Do not display the codes below in a place where others can see or copy them.

Colleague User ID: _____
