MT *Office of Student Success*
MIDDLE TENNESSEE STATE UNIVERSITY

EAB Navigate Account Request Form

Office Use Only _____
Date Received

FACULTY/STAFF USE ONLY
PRINT OR TYPE ONLY. SUBMIT COMPLETED FORM TO NAVIGATE@MTSU.EDU

_____ **MTSU ID #**_____

Last Name   First Name   Middle

Department: _____**Phone:** _____

Job Title: _____**Email:** _____

Staff   **Faculty**   **Administrator**   **Student**   **Other**

Choose the request that best suits your needs: **Create a new account**

Remove an account _____

Account Name

Provide the following items with the request form: **FERPA Certificate**   **HR Job/Position description**

Explain the need for access to Navigate with reference to specific job duties, functions, and/or responsibilities, as noted in your HR position description. _____

_____

_____

Do you plan to use the calendar scheduling features?   **Yes**   **No**

Acknowledgement of Confidentiality: I certify that the accounts assigned will be used only for legitimate, educational purposes, including MTSU academic and/or business operations, and that confidential information will not be released to any person who does not have a legitimate educational or business interest. I understand that these accounts will be used in accordance with MTSU policy, including, but not limited to, Policy 121 (Privacy of Information); Policy 910 (Information Technology Resources Policy); Policy 500 (Access to Educational Records); Policy 960 (Access Control); Family Educational Rights and Privacy Act (FERPA); Health Insurance Portability and Accountability Act (HIPAA); and all other applicable MTSU Policies, as well as, State and Federal statutes. I will exercise great care when dealing with sensitive information and/or Personally Identifiable Information (PII) including, but not limited to: social security numbers; birth date; insurance or patient identifiers; student GPAs and grades; credit card information; and bank information.

_____
Applicant Signature   **Date**

Authorization: As departmental representative, I approve the access requested above. If the requestor of this account leaves this department and/or severs ties with MTSU, I will notify the Office of Student Success to modify or remove the account as appropriate.

_____
Signature of Immediate Supervisor   **Date**   **Phone**

Office Use Only: **Approved**   **Denied**   Notes:_____

_____

_____   _____
Reviewer Signature   **Date**   **Navigate Permissions Assigned by**   **Date**