

# GRADUATE STUDENT TRACKING (GST) SECURITY FORM

**EMPLOYEE ACKNOWLEDGEMENT:** *I acknowledge that I occupy a position of special trust with duties that will bring me into contact with information or information resources that are of value to The Florida State University and that require protection. I further acknowledge that I am required to uphold the policies and procedures adopted to safeguard the information and associated resources that may be entrusted to me or with which I have contact. I agree to report violations of policies or procedures to my supervisor, the Information Security Manager or other person designated the responsibility for handling security violations. Further, I agree to protect my User ID and related passwords from unauthorized use at all times and understand that activity logged to my User ID is my responsibility.*

**I acknowledge misuse of this authority could lead to disciplinary or criminal action.**

**\*\*\*USER INFORMATION MUST BE COMPLETELY FILLED OUT\*\*\***

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **FSU ID:** \_\_\_\_\_

**College:** \_\_\_\_\_

**\*\*List the Department/s or College/s you need to access in the "Department/s or College" section below\*\***

**Department/s or College/s:** \_\_\_\_\_

**Access Level:** **View Organization(s)**  
**View College**  
**View University**  
**Graduate Coordinator (Depts)**  
**Graduate Coordinator (College)**

**Comments:**

## **EMPLOYEE**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **DEPARTMENT SECURITY COORDINATOR**

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **ACADEMIC DEAN or DEPARTMENT CHAIR**

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax or mail this form to:**

**Brian Barton  
The Graduate School**

**(FAX) 850.644.2969 - ATTN: Brian Barton**