

Requester's Name: _____

Real-time Data Request from X.500

HOW TO REQUEST ACCESS TO REAL-TIME DATA FROM THE X.500:

1. If you have not already done so, download and complete the Access Request form (ARF) found at: <http://www1.umn.edu/datasec/security/Requestingaccess.html> .
2. Complete the Data Feed Frequency & Data Protection section then check one or more of the data elements listed on this ARF attachment.
3. Submit all four pages to OIT Data Security (address and FAX information can be found on the Access Request form – Demographic Information on page 1).

Note: *Access requested on this page requires the signatures of the Requester and Supervisor on the ARF). Any Data Custodian authorization(s) will be obtained by OIT Data Security.*

Data Feed Frequency, Application & Data Protection:

<input type="checkbox"/> Periodic-How Often _____	<input type="checkbox"/> Real Time (ongoing)
<ol style="list-style-type: none"> 1. Provide a description of the Application that will use this data. 2. Describe in detail how the requested data will be protected. Describe access controls, server security, etc. (attach separate sheet if necessary). 	

Staff Data		
Demographic Information <input type="checkbox"/> EMPLID <input type="checkbox"/> Department(s) <input type="checkbox"/> Pay code <input type="checkbox"/> Job title(s) <input type="checkbox"/> Name (L/F/M) <input type="checkbox"/> Social Security Number (<i>private</i>) <input type="checkbox"/> U photo (<i>staff related</i>)	Address Information <input type="checkbox"/> Campus Address <input type="checkbox"/> Campus phone 1 <input type="checkbox"/> Campus phone 2 <input type="checkbox"/> Fax number <input type="checkbox"/> Pager number <input type="checkbox"/> Home address (<i>if not suppressed</i>) <input type="checkbox"/> Home phone (<i>if not suppressed</i>) <input type="checkbox"/> Off campus/business address <input type="checkbox"/> Off campus/business phone	Appointment Information <input type="checkbox"/> Appointment status
<i>Data Custodian Authorization Signature:</i> _____		<i>Date:</i> _____

Requester's Name: _____

Student Accounts Receivable Data	
<input type="checkbox"/> Student Service Fee Paid Flag <input type="checkbox"/> Other (<i>specify</i>):	
<i>Data Custodian Authorization Signature:</i>	<i>Date:</i>

Student Data		
Demographic Information <input type="checkbox"/> Name <input type="checkbox"/> Social Security Number (<i>private</i>) <input type="checkbox"/> Date of birth <input type="checkbox"/> U photo (<i>student related</i>) <input type="checkbox"/> EMPLID <input type="checkbox"/> Class code, interpreted <input type="checkbox"/> Year/term code <input type="checkbox"/> Home address <input type="checkbox"/> Home phone <input type="checkbox"/> Mail address <input type="checkbox"/> Mail phone <input type="checkbox"/> Gender <input type="checkbox"/> Hold, bad check <input type="checkbox"/> Hold, financial	Semester-specific Information <input type="checkbox"/> Campus <input type="checkbox"/> Honors program flag <input type="checkbox"/> Major 1 <input type="checkbox"/> Major 2 <input type="checkbox"/> Professional/Master's flag <input type="checkbox"/> Term credits <input type="checkbox"/> Registration unit (college)	Course Information <input type="checkbox"/> Course credits <input type="checkbox"/> Course designator (<i>department</i>) <input type="checkbox"/> Course section number <input type="checkbox"/> Lecture/laboratory code
<i>Data Custodian Authorization Signature:</i>		<i>Date:</i>

U Card System Data		
<input type="checkbox"/> Codabar <input type="checkbox"/> Library number	<input type="checkbox"/> System assigned number <input type="checkbox"/> Lost card flag	<input type="checkbox"/> U Card ISO number
<i>Data Custodian Authorization Signature:</i>		<i>Date:</i>

Email Address Requests	
<input type="checkbox"/> Email address <input type="checkbox"/> Email address mailing list	
<i>Data Custodian Authorization Signature:</i>	<i>Date:</i>

Requester's Name: _____

ADDITIONAL USER'S

Department Access Username: _____
 (This information is provided to the person originally requesting the access.)

This page can only be used in connection with a full Access Request Form and X.500 Real Time Data Attachment at the time of original submission. Additional staff who are not included at the time the Department Access Username is created must complete the [Access Request Form](#) and this page of the X.500 Real Time Data Access Request attachment. *Make copies of this page if more than 6 additional users need access.*

<i>Requester's Printed Name:</i>		<i>Requester's Signature:</i>	
<i>Requester's X.500:</i>	<i>Phone:</i>	<i>Date:</i>	
<i>Supervisor's Signature:</i>		<i>Phone:</i>	

<i>Requester's Printed Name:</i>		<i>Requester's Signature:</i>	
<i>Requester's X.500:</i>	<i>Phone:</i>	<i>Date:</i>	
<i>Supervisor's Signature:</i>		<i>Phone:</i>	

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<i>Requester's X.500:</i>	<i>Phone:</i>	<i>Date:</i>	
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<i>Requester's X.500:</i>	<i>Phone:</i>	<i>Date:</i>	
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<i>Requester's X.500:</i>	<i>Phone:</i>	<i>Date:</i>	
<i>Supervisor's Signature:</i>		<i>Phone:</i>	