

**Office of the Registrar
John Jay College of Criminal Justice
Request for Access to Restricted Data**

USER AGREEMENT:

ALL INFORMATION ON THE STUDENT SYSTEM IS TO BE CONSIDERED CONFIDENTIAL AND FOR INTERNAL COLLEGE USE ONLY. DISCLOSURE TO UNAUTHORIZED PARTIES VIOLATES THE FAMILY RIGHTS AND PRIVACY ACT (FERPA). IT MAY NOT BE RELEASED IN ANY FORM. YOU MAY COMMUNICATE THE INFORMATION ONLY TO OTHER PARTIES AUTHORIZED TO HAVE ACCESS IN ACCORDANCE WITH THE PROVISIONS OF FERPA. IF YOU HAVE ANY QUESTIONS ABOUT THE PROVISIONS OF FERPA PLEASE CONTACT THE REGISTRAR BEFORE COMPLETING THIS FORM.

I agree that I will use this account only for the purpose which I have stated below. This account is for my use only, and I agree that I will not permit others to use it. I understand that abuse of the system or violation of this agreement will result in revocation of this account, and possible legal action as determined by the college.

By acceptance of this account I certify that I have read, understand and agree to the above.

Signature

Signature of Department Head

Date

Date

Name (Please Print)

Name of Department & telephone no.

Purpose for this account: _____

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Do not write below line

Approved By _____ **Date** _____

SIMS ID _____

Established By _____ **Date** _____