

**Ohio Board of Regents
Articulation and Transfer
Request for Access to Articulation and Transfer Clearinghouse (ATC)
and Course Equivalency Management System (CEMS)**

Campus User Authorization Form

This form must be completed by all campus employees who request a login and password from the Regents for access to the user test or production Articulation and Transfer Clearinghouse (ATC) or Course equivalency Management System (CEMS) or by the institution's Information Technology manager for system access to the ATC. Users or IT Managers should complete items 1 or 1A, 2, and 3 and obtain the signature of their institution's ATC Liaison.

Please send the original or fax to:

ATC Program Manager
Ohio Board of Regents
30 East Broad Street, 36th Floor
Columbus, Ohio 43215-3414
Fax: (614) 466-5866

1. Campus employee for who access to the ATC or CEMS restricted data is being requested.

Name:	
Title:	
Dept:	
Email:	
Phone:	
Fax:	
Institution:	
Address:	
Application	<input type="checkbox"/> Articulation and Transfer Clearinghouse (ATC) <input type="checkbox"/> Course Equivalency Management System (CEMS)
Requesting Access to:	<input type="checkbox"/> User Acceptance Test <input type="checkbox"/> Production

2. Please explain how the individual's duties of employment or system function represents a legitimate education interest (*) in the restricted data areas of ATC.

Duties:	
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(*) Demonstrate the need to know by those school officials of an institution who act in the student's educational interest, including faculty, administration, and other person who manages student record information.

3. Acceptance of Responsibility:

- A. Campus Employee (actual user or IT manager for system access) My signature affirms that I have read and understand the Ohio Board of Regents ATC Data Access and Security Policy (<http://ct2.securespsite.com/ATCInst/Shared%20Documents/Data%20Access%20Policy/ATC%20Data%20Access%20Policy.pdf>, Dated September 13, 2007) and agree to comply with the responsibilities and requirements contained therein. I understand that my password or the system password can not be shared with any other person and will inform the OBR when I or the system no longer need restricted access to the ATC. I

understand that any data retrieved from restricted areas in the ATC are to be used for transfer articulation only and I will destroy requested ATC data when the data are no longer needed for transfer articulation. In order to protect student privacy, I will not release any personally identifiable transcript data to the public. Further, I understand that the records to which I will have access may contain individually identifiable student information, the disclosure of which is prohibited by the Family Educational and Rights and Privacy Act of 1974 (FERPA) and agree to comply with the requirements of FERPA.

Printed Name of Requestor or Information Technology Manager	
Signature	
Today's Date	

As ATC Liaison for my institution, I have reviewed this request and support the need for access to the indicated Articulation and Transfer Clearinghouse or Course Equivalency Management System.

Printed Name of Institutional ATC Liaison	
Signature	
Today's Date	