Data Steward Authorization Request

Requestor Name: _____ Date: _____

Phone: _____

CSUID: _____

Data Steward for College/Department (Number): _____

Responsibility

The Data Steward is an individual who is authorized by a College or Department and is approved by the System of Record Data Authorities to manage access for individuals within their College or Department to ODS and/or eThority data pertaining to their College or Department. An individual selected as a Data Steward by a College or Department is required to obtain appropriate training from the Data Authorities prior to being authorized to function as a Data Steward and participate in management of and coordination/communication with their Data Users.

Statement of Use and Understanding *(I.T. Security Policies can be found at*: http://www.acns.colostate.edu/?page=policies*)*

As an official Data Steward for the requested College(s) and/or Department(s), I understand that I am responsible for monitoring the data access requirements by individuals within my College or Department and requesting the provisioning or de-provisioning of access to data based on their business needs. As the Data Steward, I am, only authorized to request access to individuals who are in departments that fall under my stewardship, and their access will be appropriately limited. I am responsible for determining the need for an individual to access restricted data, and forwarding the request for access to restricted data to the appropriate System of Record Data Authority for approval of such access.

I understand that individuals working with University records hold a position of trust and must recognize the responsibilities of preserving the security and confidentiality of the information. I agree that I will monitor the access by individuals within my College or Department based on their specific business need and will request adjustments to their access based on changes in their job duties.

I have read and understand the I.T. Security policies of the University and will abide by those policies. I understand that misuse of this authority may result in the revocation of my privileges. If I terminate employment with the University, and/or if I terminate employment with the department through which I am now requesting authorization, the privilege granted to me will be terminated.

_____	_____	_____
Requestor (Print/Type)	Signature	Date
_____	_____	_____
Supervisor (Print/Type)	Signature	Date
_____	_____	_____
VP/Dean/Director (Print/Type)	Signature	Date

----------Do Not Complete Below This Line----------

_____	_____
(Student Data Authority)	Date
_____	_____
(Financial/AR/General Directory/Facilities Data Authority)	Date
_____	_____
(Human Resources Data Authority)	Date
_____	_____
(Research Data Authority)	Date
_____	_____
(Information Systems Data Authority)	Date
_____	_____
(CSU Foundation Data Authority)	Date

Revised: May 2016