

Return completed form, within three (3) working days, to
TSD/NCB/Security Operations Unit, 1400 Broadway Rm B204, Helena MT 59620

Ask the OCHE Perkins
Accountability Specialist
(PAS) to complete this form
for you. It will be emailed to
you for your signature. Scan
or fax back to **OCHE**. It must
be signed by the PAS before
submitting to DPHHS.

NON-DPHHS EMPLOYEE SYSTEM/FILE ACCESS

Name of Individual Requiring Access: Kathy Wilkins
(Please Print) Phone: (406) 444-0313

Logon ID: _____ Create Logon ID: Yes

Employer: Office of the Commissioner of Higher Education

Address: 42 N Last Chance Gulch
Helena MT 59620

E-mail: kwilkins@montana.edu

Access to: Perkins IV Access Database is requested.
(e.g., TEAMS, CAPS, PJUSTICE, AWACS, TSO, CICS, etc.)

If applicable, enter the required security class or security codes: _____

Justification: (Give a brief description as to why access is needed.) I manage the Perkins IV grant and or data collection for this institution.

List File Access: Perkins IV

CONFIDENTIALITY/CONSENT STATEMENT: (To be read and signed by the individual requiring access.)

I hereby certify that I am entitled to the confidential client information to which I am requesting access. I will not release the confidential information to others unless it is for purposes directly connected to the administration of the program for whose purposes it was originally provided. Further release of this information may only be done upon authorization by the client whose privacy interest is involved or it may be released to others if specifically permitted by law. I understand that a violation of this policy may subject me to disciplinary action by my employer and may result in termination of my employer's contract with DPHHS. I have read the DPHHS Internet Policy and the State of Montana's Computer Use policies and I agree to comply with all terms and conditions. I agree that all network activity conducted while doing State business and being conducted with State resources is the property of the State of Montana. I understand that the State and Department reserve the right to monitor and log **all** network activity including E-mail and Internet use, with or without notice, and therefore, I should have no expectations of privacy in the use of these resources.

Signature of Employee: Not Applicable Date: _____

Supervisor: Access for this individual is allowed for six months. I realize I will have to contact the DPHHS Security Officer if this employee needs access beyond the six months. I understand that it is my responsibility to inform the DPHHS Security Officer immediately when this employee terminates or no longer needs access.

Print Name of Supervisor: Kathy Wilkins

Signature of Supervisor: _____ Phone: 444-0313 Date: 5/31/2010

Data Owner: _____ Date: _____

Security Officer: _____ Date: _____