University of Oregon, Information Services, Shibboleth Attribute Request Form

Name, email, and UO address can be released without approval for Employees only. Delivery of any additional employee or any student data via Shibboleth requires approval by the appropriate data steward(s). Form to be filled in by the application service owner (Requester) and their department head, then submitted to the Information Services IDS team.

Application Information
Name and URL:
Description:
Requester Information
Printed Name:
Email:
Department:
Job Title:
Dean or Department Head Printed Name:
Downson Data la
Request Details
What attributes are being requested and how they will be used by this application?
Who uses this application (e.g. faculty, staff, students, other)?
Will application users have the ability to view the attribute information of other users?
Will the application store or re-serve any of the data being requested?
Name of application vendor (or description of development team if built within UO)?
Does UO have a PCS approved contract with the vendor that includes UO's FERPA clause?

UO Code of Responsibility for Security and Confidentiality of Records and Files

Security and confidentiality are matters of concern to all University employees and to all other persons who have access to administrative records, education records, reports, or any other confidential or privileged documents or information. The purpose of this code is to clarify responsibilities in these areas. Each individual who has access to confidential or privileged information is expected to adhere to the regulations stated below.

Any person who has access to administrative records, education records, reports, or any other confidential or privileged documents or information, may not:

- Reveal the content of any record or report to anyone, except in the proper conduct of his or her work assignments and in accordance with University policies and procedures.
- Make or allow any unauthorized use of information.
- Include false, inaccurate or misleading entry in any report or record.
- Expunge a data record or a data entry from any record, report or file.
- Share individual passwords with any other person.
- Seek personal benefit or allow others to personally benefit from the knowledge of any confidential or privileged documents or information.
- Remove any original or copy of an administrative record, education record, report, or any other confidential or
 privileged document, from the office where it is maintained, except in the performance of official duties and
 authorized by law.

Any knowledge of a violation of this code must be reported immediately to the violator's supervisor. Violations may lead to disciplinary action, including dismissal. Violations may also lead to criminal and civil liability.

Your signature below indicates that you have read, understand, and will comply with the above Code of Responsibility for Security and Confidentiality of Records and Files. This agreement shall be effective when signed below or in counterpart, photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

Requester Signature	Date
Dean or Department Head Signature	Date
Requester, please do not After capturing signatures above, please send form to i	
Approvals	
Registrar	 Date
Human Resources	 Date