



Student Disabilities Security Authorization Form

Minnesota
STATE COLLEGES
& UNIVERSITIES

Name: _____
(Please Print)

New User Change to an Existing User

Position: _____

User ID: _____

Institution: _____

E-Mail Address: _____

Authorized Signature: _____

Date: _____

Remarks: _____

**Choose: Add or Delete AND H, M, or L

Definition of Add and Delete below:

Add = adds the specified right to the user ID **Delete** = removes the specified right from the user ID

Definition of the H, M and L suffixes for each of the identifiers is:

H = view, insert, update and delete **M = view, insert & update** **L = view only**

Disabilities Maintenance		ST 75	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
PS0072UG	Disability Services Demographic						
PS0073UG	Disability Needs	PS0074UG					
PS0075UG	Disability Case Notes	PS0076UG					
PS0077UG	Disability Hourly Rate	PS0078UG					
PS0079UG	Remove Disabilities from System (H only)	ST1100UG					
ST1137UG	Enrollment Verification	ST1120UG					

Person Demographic Maintenance		PERSON	<input type="checkbox"/> H	<input type="checkbox"/> Med	<input type="checkbox"/> Low	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
PS9999UG	Person Demographic Maintenance						

Protected Demographic Data		PS 70	<input type="checkbox"/> H	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
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This security identifier is provided for people who have a business need to view the Birth Date, Gender and Ethnicity data for a person after that data has been collected and stored.

Fax To:
Office of the Chancellor
Voice: 651-917-4733
Fax: 612-626-5450