Administrative Permissions Request

In an effort to provide a high level of technical support, the Office of Safe and Secure Computing approves Administrative Permissions for some users to systems.

Please read this agreement carefully before accessing any resources or signing this document.

Administrative Permissions may include, but are not limited to, the ability to act as Administrator or a user with Administrative permissions, with the ability to modify Active Directory objects, install software, hardware and/or reconfigure all aspects of an operating system. Administrative Permissions can allow an individual to access areas of information not otherwise accessible.

By accessing Cuyahoga Community College’s networks, resources or data, you agree to be bound by the terms and conditions set forth below.

It is the responsibility of the requestor to ensure that information protected by College policy, state law, or federal regulation is not made available (in electronic or printed format) to unauthorized individuals. Such regulations include, but are not limited to, College policy on personal information (3354.1-43-05), Ohio Revised Code (sections 1345, 1347, and 1349), Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Family Educational Rights and Privacy Act of 1974 (FERPA).

It is the responsibility of the requestor to limit disclosure of Confidential Information within its own organization to its directors, officers, partners, members, employees, and/or contractors having a need to know. The recipient and affiliates will not disclose the information obtained unless required to do so by law. Confidential information can be described as and includes:

- Invention description(s), technical and business information relating to proprietary ideas and inventions, ideas, patentable ideas, trade secrets, drawings and/or illustrations, patent searches, existing and/or contemplated products and services, research and development, production, costs, profit and margin information, finances and financial projections, customers, clients, marketing, and current or future business plans and models, regardless of whether such information is designated as “Confidential Information” at the time of its disclosure.

It is the responsibility of the requestor to ensure that permissions granted them are only exercised on authorized systems and extent necessary to fulfill their duties as an employee of Cuyahoga Community College.

It is the responsibility of the requestor to ensure that permissions granted them are not transferred, shared or otherwise used by anyone except the requestor.

It is the responsibility of the requestor to adhere to all software licensing requirements and restrictions.

You agree to indemnify, defend and hold harmless Cuyahoga Community College, its officers, directors, employees, agents, licensors, and suppliers from and against all losses, expenses, damages and costs, resulting from any violation of this Agreement by You.

The College may restrict or terminate Administrative Permissions at any time, without notice, and with or without any reason.
The requestor is held responsible for all actions taken with permissions granted by this document.

The supervisor may be held responsible for actions taken by the requestor with permissions granted by this document.

All use of Cuyahoga Community College systems can and will be monitored and audited.

Cuyahoga Community College policies and procedures are available online via My Tri-C space.

Systems to which Administrative Permissions are requested: (List below)

I have read these guidelines and agree to abide by them:

Requested by:
Name (print): ________________________________
Employee (S) Number (if applicable): __________
Signature: ________________________________ Date: __________

By signing the below, I confirm that I am an employee of Cuyahoga Community College and this permissions request is for an employee of or an individual under contract with Cuyahoga Community College.

Supervisor:
Name (print): ________________________________
Employee (S) Number: __________
Signature: ________________________________ Date: __________

OSSC Departmental use only

Approved: ________________________________ Date: __________

Disapproved: ________________________________ Date: __________

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date completed: __________ Date emailed requestor: __________