

Request for Advisor Access

Check one:

New Advisor Add Additional Advisees Delete Advisor Access

Name: _____ HSC ID: _____

As an individual whose position requires interaction with any or all of the University's information systems, I may be provided with direct access to confidential and valuable data and/or use of data systems. In the interest of maintaining the integrity of these systems and ensuring the security and proper use of University resources,

- I will maintain the confidentiality of my password for all systems to which I have access.
- I will maintain the strictest confidence the data to which I have access.
- Confidential information will not be shared in any manner with others who are unauthorized to view such data.

Advisor Signature: _____ Date: _____

**Signature needed only for New Advisor*

Access to the following students:

Student Name: _____ HSC ID: _____

Student Name: _____ HSC ID: _____

Student Name: _____ HSC ID: _____

Student Name: _____ HSC ID: _____

***For additional students, please attach list. Please allow 3-5 business days for processing.**

Requestor Signature: _____ Date: _____

Associate Dean Signature: _____ Date: _____

Registrar Staff Signature: _____ Date: _____

Requests can be emailed to mail: Registrars@uthscsa.edu