

Net ID:	<input type="text"/>	ID #:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	E-Mail Address:	<input type="text"/>	
Department:	<input type="text"/>	Job Title:	<input type="text"/>	
Phone:	<input type="text"/>	Employee Type:	<input type="text"/>	

NEIUworks Application (please check one) ☐ AdvisorTrac ☐ TutorTrac

Describe what you need to do (required, do not leave blank)

I have read the following documents:

\_\_\_\_\_  
Initials      **Acceptable Use Policy:** See the NEIUport login screen or go to  
[http://www.neiu.edu/DOCUMENTS/NEIUworks\\_UIS - Docs/I1\\_IT/01\\_Acceptable\\_Use/Pol\\_I1.1.1.pdf](http://www.neiu.edu/DOCUMENTS/NEIUworks_UIS - Docs/I1_IT/01_Acceptable_Use/Pol_I1.1.1.pdf)

\_\_\_\_\_  
Initials      **Statement on the Privacy of Student Records:** See the NEIUport login screen or go to  
<http://www.neiu.edu/DOCUMENTS/NEIUport - Docs/ferpa/ferpa.pdf>

\_\_\_\_\_  
Initials      **Data Standards Manual:** See the NEIUworks General Purpose Documentation web page or go to  
[http://www.neiu.edu/DOCUMENTS/NEIUworks - Docs/General Purpose - Docs/data\\_standards\\_2011-09-22.pdf](http://www.neiu.edu/DOCUMENTS/NEIUworks - Docs/General Purpose - Docs/data_standards_2011-09-22.pdf)

**AFFIRMATION OF COMPLIANCE:** I am requesting AdvisorTrac Access. I have read the Acceptable Use Policy, the Statement on the Privacy of Student Records, and the Data Standards Manual, and agree to comply.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION:** As the employee's immediate supervisor or Dean/Director/Department Chair, I **approve** the access requested on this form. **If the employee named above leaves this department, I will notify UTS immediately** so the employee's account can be inactivated.

**Supervisor**

_____ Signature	_____ Print Name	_____ Date
--------------------	---------------------	---------------

**Dean/Director/Department Chair**

_____ Signature	_____ Print Name	_____ Date
--------------------	---------------------	---------------

Print the completed form, have it signed, and send to: AdvisorTrac Access Request Form, HELP Desk, LWH - 0004. Forms with illegible or incomplete entries will be returned. If your request gets approved, you will receive an e-mail within five business days.