

Security Authorization for Student Data System (Administrator)

This form may be used to assign the user Security Administrator Role at the Education Organization or the Ministry of Education level for the Student Data System (SDS).

Note: the Education Organization is defined in the *Registrar's Handbook for School Administrators* and supporting documents.

If additional roles are required for either system, please complete and attach the *Security Authorization for SDS*. For example, you may be the Security Administrator, but also require the role to generate reports.

By signing this form, you agree to the following:

- you will not, without due authority, disclose any information which comes to your knowledge by reason of access to the SDS;
- you have read and agree to abide by the [Student Tracking Protocol](#) and the Ministry of Education [Information Security and Acceptable Use Policy](#); and,
- the Ministry of Education will monitor all system functions. By using the system, you expressly consent to such monitoring and are advised that if such monitoring reveals possible inappropriate use, system personnel may provide the evidence of such monitoring to ministry officials for follow-up.

USER INFORMATION (Please Print)															
<input type="radio"/> New User		<input type="radio"/> Existing User		User ID:						<input type="radio"/> Inactivate Existing User					
Last Name:				First Name:											
Title or Organization Role:				Phone Number:											
Email:				Alternate Number:											
Signature:				Day	Mon	Year		Teacher Certification Number:							
								(required for all educators)							

(I acknowledge that in accordance with *The Electronic Information and Documents Act, 2000*, my electronic signature has the same effect as a signature.)

EDUCATION ORGANIZATION INFORMATION	
<input type="checkbox"/> Add user (works at this organization)	
School Name:	7-digit Ministry Assigned Number:
Address (Box/City/Town):	
<input type="checkbox"/> Remove user (no longer works at this organization)	
School Name:	7-digit Ministry Assigned Number:
Address (Box/City/Town):	

Security Role:	
<input type="checkbox"/> Security Administrator _____ (email address)	
AUTHORIZATION (Approved Supervisor's signature required)	
Name	Position
Organization	Signature (electronic signature acceptable)
	Day Mon Year

(I acknowledge that in accordance with *The Electronic Information and Documents Act, 2000*, my electronic signature has the same effect as a signature.)

Submit form as follows:

Education Organization level – submit form to Registrar Office, Ministry of Education (Director's signature is required) (retain form at Ministry of Education).

Security Administrator Role (responsibilities):

- confirms that the appropriate roles have been selected on the form;
- IMPORTANT: ensure that students' personal information is protected pursuant to legislation and policy; and,
- creates user accounts and assigns security roles.

Note: The Security Administrator Role for First Nations Schools, Independent Schools, and Custody and Care Schools is at the ministry level.

Submit form to Registrar's Office, Ministry of Education: Email to student.records@gov.sk.ca or fax to: 306-787-0035