MARQUETTE
UNIVERSITY

CheckMarq Student Record/Imaging/Courseleaf/CLSS Administrative Access

Purpose: Completed by the supervisor of all staff or administrators requiring access to student records in CheckMarq, CLSS, ImageNow and/or CourseLeaf; also required for staff or administrators who have access to any of these functions, but moved to another college/school/department/office or changed positions within the college/school/department/office.

Supervisor Instructions
1. Complete Sections 1-3 of this form using a computer.
    a. **a handwritten form will <u>not</u> be accepted**.
    b. an incomplete form will not be processed and will be returned to you for completion.
    c. *access will not be granted until all required forms have been received.*
2. Print the form using the 'Print Form' button.
3. Sign the form in Section 4; a digital signature will <u>**not**</u> be accepted.
4. Email this form to the Office of the Registrar to otrdocs@marquette.edu.

NOTE:
a. *Any person seeking access must take the online FERPA training and forward the signed Certificate of Completion to the Office of the Registrar along with this form.*
b. *A [Request for CheckMarq Schedule of Classes Role: Instructor/Adviser/TA/Other](#) is required for a faculty member, TA, D2L Facilitator, etc. who also need to be attached to the Schedule of Classes in CheckMarq.*

Section 1: Supervisor Information

Name
Last name, First name, Middle name _____

Title _____   College/Dept/Office _____   Email _____ @marquette.edu

Section 2: Individual Requiring Access or Modification of Access
current access will be removed when the new access is created

Name
Last name, First name, Middle name _____

MUID _____   Username _____

College/Dept/Office _____   Title/Position _____

Email _____ @marquette.edu   Phone _____

Check One:

☐ Marquette Employee

☐ Appointment Not Paid by Marquette; end access on *(date)*: _____

☐ Auditor/Contractor/Vendor; end access on *(date)*: _____

FERPA training completed and the needed signed documents are on file in the Office of the Registrar.   ☐ Yes   ☐ No *(if No, FERPA training must be taken now)*

Section 3: Action Required *(check all that apply)*

☐ Provide the same CheckMarq access as: _____ , who is:

☐ Leaving the University
☐ Moving to Another College/School/Department/Office *(new form needed)*   does this person still require CheckMarq access?   ☐ Yes   ☐ No
☐ Responsibilities Changing in same College/School/Department/Office *(new form needed)*   does this person still require CheckMarq access?   ☐ Yes   ☐ No
☐ Continuing with the Same Responsibilities in the same College/School/Department/Office

☐ Provide Additional CheckMarq Access

Type of additional access required *(e.g. view student biographic/academic information, grant permission numbers)*

_____

☐ Provide Imaging Access   ☐ Provide CLSS Access   ☐ Cancel all access

☐ Provide Courseleaf Access   ☐ Provide Schedule Planner Administrative Access   ☐ Provide BI Report Access

Section 4: Signature of Supervisor

I certify that the individual identified above requires the access indicated as part of his/her job responsibilities.

Signature of Supervisor _____   Date _____

Rev. 1/2023