



# 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

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

### NOTE:

- Any person seeking access must take the online FERPA training and forward the signed Certificate of Completion and FERPA Confidentiality Agreement to the Office of the Registrar along with this form.
- 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

## 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 \_\_\_\_\_