



Texas A&M Identity Services One Time Data Request

For help with completing this form, contact Division of IT Identity Services technical support at ldm-support@tamu.edu or the Identity Management Office at 979.845.4300. Email the completed form to ldm-support@tamu.edu, fax to **979.845.6090**, or mail to Identity Management Office, MS 3374.

Requesting Office/Department:

Division of IT Identity Services can release data only to units within the Texas A&M System. Outside entities need to file an open records request with the appropriate university office.

Data Details:

Check desired data elements that should be contained in generated file.

- | | |
|--|--|
| <input type="checkbox"/> UIN | <input type="checkbox"/> NetID |
| <input type="checkbox"/> First Name | <input type="checkbox"/> published email address |
| <input type="checkbox"/> Last Name | <input type="checkbox"/> @email.tamu.edu email address |
| Employment Information: | |
| <input type="checkbox"/> Title | <input type="checkbox"/> Adloc Executive Level: <input type="checkbox"/> code <input type="checkbox"/> name |
| <input type="checkbox"/> Office Phone Number | <input type="checkbox"/> AdLoc System Member: <input type="checkbox"/> code <input type="checkbox"/> name |
| <input type="checkbox"/> Campus Mail Stop | <input type="checkbox"/> EmpLoc Code |
| <input type="checkbox"/> AdLoc Code | <input type="checkbox"/> EmpLoc Department: <input type="checkbox"/> code <input type="checkbox"/> name |
| <input type="checkbox"/> AdLoc Department: <input type="checkbox"/> code <input type="checkbox"/> name | <input type="checkbox"/> EmpLoc College: <input type="checkbox"/> code <input type="checkbox"/> name |
| <input type="checkbox"/> AdLoc College: <input type="checkbox"/> code <input type="checkbox"/> name | <input type="checkbox"/> EmpLoc Division: <input type="checkbox"/> code <input type="checkbox"/> name |
| <input type="checkbox"/> AdLoc Division: <input type="checkbox"/> code <input type="checkbox"/> name | <input type="checkbox"/> EmpLoc Executive Level: <input type="checkbox"/> code <input type="checkbox"/> name |
| | <input type="checkbox"/> EmpLoc System Member: <input type="checkbox"/> code <input type="checkbox"/> name |
| Enrolled Student information: | |
| <input type="checkbox"/> Classification: <input type="checkbox"/> code <input type="checkbox"/> name | <input type="checkbox"/> Major: <input type="checkbox"/> code <input type="checkbox"/> name |

If other data elements are required, please describe below.

Target population.

- List of UINs provided by requester

OR

Role. Check at least one box.

- Faculty
- Staff
- Students enrolled in current semester
- Students enrolled in future semesters

OR

- Custom. Enter description here ►

Location. Check at least one box.

- TAMU-CS main campus
- TAMU-CS School of Law
- TAMU-CS Health Science Center
- TAMU-GV campus
- TAMU-QT campus

Data Use:

How will this data be used?

Data Requester/Recipient:

The requester must be a faculty or staff employee of the Texas A&M System. The recipient is the person to whom the data file will be sent.

	Requestor	Recipient
Name		
UIN		
Email		
Title		
Department		
Telephone		

Request Deadline:

Please allow 2 weeks for the request to be processed.

By what date do you need the data?

TEXAS A&M IDENTITY SERVICES USER AGREEMENT TO ACCEPT RESPONSIBILITY

- Use of University computing resources is restricted to authorized Texas A&M University business.
- You will be held responsible for any security breach traceable to you or your specific authorization. You will be held liable for any willful misuse or deliberate system damage traceable to you or your specific authorization.
- **Data obtained from Division of IT Identity Services are to be used for the specific purpose stated on this document. This authorization is not transferable to other parties or for purposes not identified by this document.**
- The department authorized for this data will assume the administrative costs to include development and on-going maintenance involved in supplying this data.
- Violation of this agreement may result in disciplinary action or legal action or both.

The agreement is bound by the Texas A&M Identity Services Acceptable Use Policy, the University FERPA Policy and University Acceptable Use Guidelines

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS

Requestor Name (Printed)	Supervisor Name (Printed)
Requestor Title	Supervisor Title
Requestor Department	Supervisor Department
Requestor Signature Date	Supervisor Signature Date

For Division of IT Identity Services Use Only

Notes:

Data custodian notes:

Signatures:

HR Data Custodian Approval Date	Student Data Custodian Approval Date
IT Security Signature Date	CISO Signature Date

Date Received	Request Number
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