

Grant Delivery System (GDS) - WebGrants College System Administrator's Access Request Form



Do NOT include or send this informational page with Administrator Access form.

How to fill out the System Administrator's Access Request Form

This form is required for each Institution's System Administrator (SA).
This form must be certified by the Authorized Official (AO) and returned to the Commission.

I. Institution Section: (All primary institution fields required)

- Enter the Institution's name, address, city, state, zip code, and USED ID code (including two-digit campus code). List all active USED ID codes that will be used at your institution.
- Indicate type of school access requesting by checking box below (OPE code);
 - If the Authorized Official and System Administrator are different at each institution, a separate System Administrator's Request form must be completed.
 - If there are more than the three additional Institutions with the same SA and AO, attach the first page with just those fields filled in for the remaining Institutions.
 - Identify two System Administrators. The Authorized Official (AO) can not be a System Administrator (SA).

II. Personal Information Section: (All fields required)

- Enter the last name, first name, and middle initial of the System Administrator requesting access.
- The requesting System Administrator must provide a unique alpha-numeric answer to the Question (Q&A) selected. The answer must be at least 5 characters and no more than 9 characters. The **Password Reset / Assistance** Q&A, will be used by the IT Help Desk to verify the identification of the SA needing support. Special Identifiers may be your pet's name, your favorite food or the model of your/their first car. When calling the IT Help Desk for assistance, you must provide your Password Reset Answer. Support for GDS – WebGrants will NOT be provided without this confirmation.
- The System Administrator must sign the form and certify that all security and confidentiality policies have been received and reviewed.

III. Access Request and Institution Certification Section:

- Provide the date the form was completed.
- Select/Check the appropriate check box based on the type of action the Commission should complete.
 - New access - Once approved and processed, the Pass Code will be e-mailed to the Authorized Official. The System Administrator will receive a User ID and a link to User account page by e-mail. The SA will need to get the Pass Code from the AO.
 - Renew – Used for the annual renewal process. This form and the Security and Confidentiality Agreement must be submitted each year by July 31st for continued access to the GDS – WebGrants system. Failure to submit the forms may result in the SA and all subordinate Institutional user accounts to be deactivated.
 - Disable access – Required to be submitted when any SA or AO no longer perform the duties for the Institution either by reassignment, dismissal, transfer, retirement, or other.

Important: For request types of Change, Renew and Disable, please provide the User ID that was issued by the Commission in the space provided.

- Enter the name, title, telephone number, facsimile number and e-mail address of the institution's Authorized Official verifying this request.
- The institution's Authorized Official **MUST** sign both forms and will not have an account with WebGrants.

NOTE: The institution's Authorized Official and the person requesting System Administrator access may not be the same individual.

Mail and Fax forms to:

California Student Aid Commission
Information Technology Services Division
Attn: CSAC Help Desk
P.O. Box 419026
Rancho Cordova, CA 95741-9026
Fax 916-464-6430

Do NOT include or send this informational page with Administrator Access

Grant Delivery System (GDS) - WebGrants College System Administrator's Access Request Form



A signed GDS - WebGrants Information Security and Confidentiality Agreement must be received and approved by the California Student Aid Commission prior to gaining access to the GDS - WebGrants. All fields are required to obtain a System Administrator's (SA) User ID and Password. System Administrators & Authorized Officials must renew/submit this form each year.

I. Institution Section	
Primary Institution Name and Address:	Primary Institution USED ID (OPE ID) Code: 2/4yr UC/CSU Community Chafee Only
Additional Institution Names:	Additional Institution USED ID (OPE ID) Codes:

**** If the Authorized Official and System Administrator(s) are different at each Institution; separate Agreement and Security forms must be submitted.**

II. Personal Information Section		
Name of System Administrator (Last, First, Middle Initial):	Mailing Address for SA (if other than listed above):	
Password Reset / Assistance Question and Answer (Check only one; limited to nine alpha-numeric characters):		
Question: Your first pet's name & type (e.g., Max Cat) Your favorite food to eat (e.g., Tacos, Cake) Model & year of your first car (e.g., 67 Camaro)	Answer:	
I certify that I have received and reviewed all security and confidentiality policies and annual training pertaining to the use of the Commission's GDS - WebGrants systems and data.		
Signature - System Administrator (SA)	Print Name / Title	Date
E-Mail Address (maximum of 40 characters)	Phone Number	Fax Number

III. Access Request and Institution Certification Section (to be completed by AO)				
Note: The Institution's AO and SA may not be the same individual.				
Date Request Submitted:	The SA Account is created and renewed for a single year at a time. This form and the Security and Confidentiality Agreement must be submitted annually on or before July 31 or the SA and all subordinate accounts are disabled for an Institution.			
New	Renew	Add	Change	Disable
			User ID (if you are renewing or deleting)	
I certify that I have designated the above named employee as GDS - WebGrants System Administrator and that I have reviewed all security and confidentiality policies pertaining to its use.				
Signature - Institution's Authorized Official (AO)	Print Name / Title		Date	
E-Mail Address (maximum of 40 characters)	Phone Number		Fax Number	

Grant Delivery System (GDS) - WebGrants Policy

College Information Security and Confidentiality Agreement



Do NOT include or send this informational page with Confidentiality Agreement.

Policy:

The California Student Aid Commission (the Commission) and the post-secondary educational institution have a joint responsibility to protect the integrity and confidentiality of the data in the Commission's database. This is vital to the privacy of individual students. The GDS - WebGrants system must be maintained in a legal and ethical manner.

Article 1, Section 1, of the Constitution of the State of California defines pursuing and obtaining privacy as an inalienable right.

The institution must:

- A. Identify at least two authorized individuals at the institution, one who is the Authorized Official and one who will act as System Administrator. You may identify up to two System Administrators. The System Administrator is to be designated by the Authorized Official. The System Administrator will have the authority and ability to add or disable individual users at the institution campus; the Authorized Official will not. The Authorized Official (AO) will not retain or have access to an account on WebGrants.
- B. Complete, sign and submit an Information Security and Confidentiality Agreement and a System Administrator's Access Request Form(s). All forms must be approved by the Commission prior to the institution gaining access to the GDS - WebGrants. Accounts will expire in 1 year (July 31 of each year).
- C. Notify the Commission in writing within five (5) working days if the identity of the System Administrator(s) or Authorized Official changes. If a new Authorized Official is appointed: A new Agreement must be completed immediately and submitted to the Commission. If a new System Administrator(s) is designated: A new Agreement designating the new AO and a new System Administrator's Access Request Form must be completed immediately and submitted to the Commission.
- D. Establish administrative, technical and physical safeguards to protect the security and confidentiality of records, data and system access.
- E. Immediately disable the account of any individual who ceases employment or whose change in employment status or duties no longer requires access to the GDS - WebGrants.
- F. Notify the Commission immediately of any security or confidentiality violation(s) by contacting the Commission's ITSD Helpdesk at 888.294.0148.
- G. Establish training programs and acceptable use policies for institution employees regarding information security and confidentiality, which includes Commission data. All users must receive security training upon creation and annual renewal of accounts. (See WebGrants site) Retain a copy of the Information Security and Confidentiality Agreement and a copy of all past / current System Administrator's Access Request Forms. Institutions are responsible for maintaining the names of all additional system users at their campus.

NOTE: The institution's Authorized Official and the person requesting System Administrator access may NOT be the same individual.

Definitions:

Commission:	California Student Aid Commission.
Authorized Official:	Individual authorized by the Institution to execute the Information Security and Confidentiality Agreement on behalf of the institution.
System Administrator:	Individual designated by the Authorized Official to be responsible for implementing procedures and ensuring adherence to all information security/confidentiality policies stated herein. The institution may use their existing ISO or they may designate a Financial Aid Office employee to act as the SA for purposes of the Commission's Grant Delivery System - WebGrants. Each institution may designate two System Administrators.
Confidential Information:	Information that identifies or describes an individual including, but not limited to, his or her name, social security number, physical description, home address and telephone number, education, financial matters, medical or employment history, including statements made by or attributed to the individual.

Mail and Fax forms to:

California Student Aid Commission
Information Technology Services Division
Attn: CSAC Help Desk
P.O. Box 419026
Rancho Cordova, CA 95741-9026
Fax 916-464-6430

Retain a copy of this completed forms for record.

Do NOT include or send this informational page with Confidentiality Agreement.

California Student Aid Commission

Information Security and Confidentiality Agreement



The Information Security and Confidentiality Agreement is required by the California Student Aid Commission (Commission) from any person or entity (high school, post-secondary educational institution, agent, program, or 3rd party) requesting access to a Commission information technology system.

Security and Confidentiality Agreement:

The California Student Aid Commission (Commission) is committed to protecting the confidentiality and security of information. As an individual requesting access to a Commission application, database, or information technology system, during the course of my duties or purpose at the Commission, I may have access to proprietary or confidential information. I understand that all proprietary and personally identifiable information (collectively PII) must be maintained confidentially, and in a secure fashion.

I agree to follow all Commission policies and procedures governing the confidentiality and security of PII in any form, including oral, fax, photographic, written, or electronic. I will regard both confidentiality and security as a duty and responsibility while part of the Commission workforce, or during my involvement with Commission as a non-workforce member.

I agree that I will not access, release, or share PII, except as necessary to complete my duties or purpose at the Commission. I understand that I may not access any information on friends or family members unless a Release of Information form authorizes me to do so, unless doing so is a necessary part of my job duties, or unless I am otherwise permitted to do so by Commission policies. I understand that I am not authorized to use or release PII to anyone who is not part of the Commission workforce or an approved visiting observer or Commissioner except as provided in Commission policies and procedures, contract, or as required by law.

I agree that I will use all reasonable means to protect the security of PII in my control, and to prevent it from being accessed or released, except as permitted by law. I will use only the access privileges I have been authorized to use, and will not reveal any of my passwords, user account identifiers (IDs), or share access with others. I will take precautions to avoid inadvertently revealing PII; for example, I will use workstations in a safe manner and will make reasonable efforts to prevent conversations from being overheard, including speaking in lowered tones and not discussing PII in public areas. If I keep Commission related data and notes on a handheld or laptop computer or other electronic device, I will ensure that my supervisor knows of and has approved such use and I will keep this information secure and confidential. If, as part of my responsibility, I must take PII off the premises, I will do so only with permission from my supervisor; I will protect PII from disclosure; and will ensure that the PII is either returned to Commission or destroyed.

I agree that when my employment, affiliation, visitation or assignment with Commission ends, I will not take any PII with me and I will not reveal any PII that I had access to as a result of my duties at the Commission. I will either return PII to the Commission or destroy it in a manner that renders it unreadable, unusable by anyone else and in accordance with Commission security and confidential destruct policy.

I agree to report unauthorized use or disclosure of PII or security issues affecting systems that contain or give access to PII, to the California Student Aid Commission Information Security Office, P.O. Box 419026 Rancho Cordova, CA 95741-9026; Email: iso@csac.ca.gov and csachelpdesk@csac.ca.gov, IT Help Desk: 888-294-0148 Fax 916-464-6430.

I understand that access to all Commission systems is monitored. There is no reasonable expectation of privacy expressed or implied in my usage of Commission information systems. My usage of all Commission systems will comply with all federal and California information security and confidentiality laws, including the Comprehensive Computer Data Access and Fraud Act (California Penal Code Section 502), Federal Privacy Act, Gramm-Leach-Bliley Act with subsequent "Privacy" and "Safeguards" rulings, the Information Practices Act of 1977, as amended and the Commission's security and confidentiality policies and procedures. Any and all unauthorized access is prohibited.

I understand that if I do not keep PII confidential, or if I allow or participate in inappropriate disclosure or access to PII, I will be subject to immediate disciplinary or corrective action, up to and including dismissal or loss of access privileges to Commission property and facilities. I understand that unauthorized access, use, or disclosure of PII may also violate federal and state law, and may result in criminal and civil penalties.

THIS AGREEMENT WILL REMAIN IN FULL FORCE AND EFFECT UNTIL IT IS EITHER RESCINDED OR THE REQUESTOR'S DUTIES OR RELATIONSHIP WITH THE COMMISSION ARE CHANGED OR TERMINATED. NON-COMPLIANCE WITH THIS AGREEMENT MAY RESULT IN ADVERSE ACTION INCLUDING POSSIBLE TERMINATION OF EMPLOYMENT, CONTRACT, AGREEMENT AND/OR CRIMINAL AND CIVIL PENALTIES UNDER LOCAL, STATE, AND FEDERAL LAWS.

(SA) Name (Last, First, Middle Initial):		Primary Institution Code:		User ID: (leaveblank if unknown)	
School Address:		City:		State:	Zip Code:
E-Mail Address (maximum of 40 characters):		Phone Number		Fax Number	
<i>By signing below, I certify that I have received, reviewed, and understand the Information Security and Confidentiality policies of the California Student Aid Commission (CSAC). I will comply with these policies while using any Commission information system.</i>					
(SA) Signature:		Name/Title:		Date:	
(AO) Signature:		Name/Title:		Date:	