

# CA Student Opportunity and Access Program (Cal-SOAP)

## Cal-SOAP - User Access Request Form



*This form and a signed CSAC Information Security and Confidentiality Agreement must be submitted to your SOAP project director or Super User prior to gaining access to the Cal-SOAP system. All fields are required to obtain a User ID and Password. It is recommended that each SOAP Project Users renew/submit this form each year to ensure accuracy in account management.*

I. Consortium			
<b>Consortium Name:</b>			
<b>Consortium Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

II. Personal Information Section (to be completed by person requesting access)			
<b>Full Name of User</b> (Last, First, Middle Initial):		<b>Hire Date:</b>	<b>Date of Birth:</b>
<b>Home Address</b> (matching identification provided):		<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>E-Mail Address</b> (maximum of 40 characters):		<b>Phone Number:</b>	<b>Fax Number:</b>
<b>New</b>	<b>Renew</b>	<b>Disable</b>	<b>User ID</b> <i>(requested or assigned if renew/disable)</i>
<p><b><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 in my use of Cal-SOAP system and any information system owned or operated by the Commission.</i></b></p>			
<b>Signature of User:</b>		<b>Title:</b>	<b>Date:</b>

**Policy:**

The California Student Aid Commission (Commission) and the SOAP projects have a joint responsibility to protect the integrity and confidentiality of the data in Commission information systems. This is vital to the privacy of individual students and our constituents. The Grant Delivery System (GDS), Cal-SOAP database application / 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 User must:**

- Complete, sign and submit an Information Security and Confidentiality Agreement and a Cal-SOAP User Access Request Form.
- Treat User Account Identifiers (IDs) and Passwords as confidential information. Sharing of IDs and Password is expressly forbidden.
- Notify the Commission immediately of any security or confidentiality violation(s) by contacting the Commission's Information Security Office via the IT Help Desk at (888) 294-0148 or [csachelpdesk@csac.ca.gov](mailto:csachelpdesk@csac.ca.gov).

**The Consortium must:**

- Require every Cal-SOAP user (all accounts created by the Super User) to complete, sign, and submit an Information Security and Confidentiality Agreement and Cal-SOAP User Access Request form to the Super User / Project Director. These forms must be kept by the Super User or designee, on-site (electronic scanned or filed), and available upon request.
- Maintain a minimum of 3 years of historical records which identifies to the Commission or its representative, the identification of any individual who is granted access to the Cal-SOAP system. This includes, specifically, all documentation for no less than 3 years after the termination date of the user.
- Establish administrative, technical and physical safeguards to protect the security and confidentiality of records, data and system access.
- Immediately disable the account of any individual who ceases employment or whose change in employment status or duties no longer requires access to the Cal-SOAP Database.
- Comply with all State and federal information security, privacy, 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.

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- F. Notify the Commission immediately of any security or confidentiality violation(s) by contacting the Commission's Information Security Office via the IT Help Desk at (888) 294-0148 or [csachelpdesk@csac.ca.gov](mailto:csachelpdesk@csac.ca.gov).
- G. Establish training programs and acceptable use policies for all employees regarding Information Security, Confidentiality, and Privacy which includes Commission data and information systems. All users must receive security training upon account creation and each annual renewal.
- H. Computerized files created pursuant to this agreement include confidential information. These files and the data contained within these computerized files will be maintained by the Commission consistent within guidelines established by federal and state privacy laws, and must be treated with the utmost confidentiality by all parties.
- I. The Consortium shall take all reasonable precautions to protect the data in the system from unauthorized access, change, transfer or destruction. Data shall not be altered, destroyed, copied, uploaded, or downloaded from the system except as authorized in the approved System Access Request forms and within the requirements of the Security and Confidentiality Agreement.
- J. Ensure that information transmitted electronically or otherwise to the Commission has been examined and is complete and accurate to the best of its knowledge.
- K. To the extent authorized by law and caused by the negligence or intentional misconduct of itself, its employees or agents, the Consortium will accept liability for any direct or consequential damages to the Commission and the Cal-SOAP database application / system.

The Commission reserves the right to revoke access to the Cal-SOAP system from any Consortium or individual staff member without notice.

III. Account Processing (to be completed by Super User)			
Note: Creation or update of the account, the user will automatically be notified via email.			
New	Renew	Disable	User ID
Super User Signature:		Print Name / Title:	Date:

### How to fill out the Super User's Access Request Form

One form is required for each SOAP Super User (SU) requesting access

This form must be returned to the Commission and certified by the CSAC Authorized Official (AO)

#### I. Consortium Section: (All fields required)

- Enter the Consortium's name, address, city, state, and zip code.

#### II. Personal Information Section: (All fields required)

- A copy or scan of the requestors CA Driver's License or Identification card must be attached to the request. The request can then be mailed or faxed to the Commission.
  - Alternatively, the information can be scanned to an electronic file and emailed to the Commission. The scanned forms must be protected by placing in a password protected and encrypted file (WinZip/7zip). The file must be emailed separately from the password (2 emails - 1 with the file and 1 with the password to the file).
- Enter the last name, first name, and middle initial, date of birth, email address, phone number, and home address including city, state and zip code of the Super User requesting access. The address and date of birth must match the ID provided.
- The Super User must sign the form certifying that all security and confidentiality policies have been received and reviewed.

#### III. Account Processing Section (completed by CSAC):

- Select/Check the appropriate box based on the type of action the Commission should complete and enter the User's ID.
  - New access - Once approved and processed, provide the User ID and temporary Passcode to the requesting user.
  - Renew - This form and the Security and Confidentiality Agreement must be submitted each year by July 31<sup>st</sup> for continued access to the Cal-SOAP system. Failure to submit the forms may result in the User account to be deactivated.
  - Disable access - Required to be submitted or filled out on behalf of the user when the User no longer performs the duties for the Consortium either by reassignment, dismissal, transfer, retirement, or other.
- **Note: If Disabling: The User's signature, title, and date are not required. Please just fill out the form and retain with records.**
- Complete the request by signing the form, printing the Super User's name and date.
- Retain the submitted form (electronic or paper) for a minimum of 3 years past employee/users termination date.

**Retain a copy of this completed form.**

***Do not include or send this informational page with the Access Request Form.***

# California Student Aid Commission (CSAC/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 3<sup>rd</sup> 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 Officer", P.O Box 419026 Rancho Cordova, CA. 95741-9026; Email: [iso@csac.ca.gov](mailto:iso@csac.ca.gov). For help or questions with the process you may contact the IT Helpdesk at [csachelpdesk@csac.ca.gov](mailto:csachelpdesk@csac.ca.gov), or call: 888-294-0148.

**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.**

<b>Full Name</b> (Last, First, Middle Initial):		<b>Date of Birth:</b>	
<b>Home Address</b> (matching identification):		<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>E-Mail Address</b> (maximum of 40 characters):		<b>Phone Number</b>	<b>Fax Number</b>
<p><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></p>			
<b>Signature:</b>		<b>Title:</b>	<b>Date:</b>