

How to fill out the Cal SOAP Access Request Form

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

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

I. Agency Section: (All fields required)

- Enter the Agency's information: name, address, city, state, and zip code.

II. Personal Information Section: (All fields required)

- Attach a copy of the requesters CA Driver's License or Identification card must be attached to the request. The request can then be mailed or faxed to the Commission.
- Enter the last name, first name, and middle initial, date of birth, email address, phone number, and address including city, state and zip code of the User requesting access. The address and date of birth must match the ID provided.
- Select account(s) requesting access to.
- CalSOAP accounts are WebGrants accounts with multiple schools. Consortium accounts are CalSoap System.
- The User must sign the form certifying that all security and confidentiality policies have been received and reviewed.

III. Access Request Certification Section (completed by CSAC):

- Provide the date the form was received by CSAC.
- Approve the request by signing the form, printing the CSAC AO name and date.
- The CSAC's Authorized Official must sign the form in order for the Information Technology Division to process.

IV. Account Processing Section (completed by CSAC):

- Select/Check the appropriate box based on the type of action the Commission should complete.
 - New access - Once approved and processed, a temporary Pass code will be e-mailed to the CSAC Authorized Official which can then be shared with the Super User. The SOAP User must retrieve the Pass code from the AO and not the ITSD Service desk. Additionally, the CalSOAP system will generate an email notification to the user that contains the new User name/ID and a link to the CalSOAP application.
 - Renew – Used for the annual renewal process. This form and the Security and Confidentiality Agreement must be submitted bi year for continued access to the GDS – WebGrants system. Failure to submit the forms may result in the SOAP User and all subordinate Consortium user accounts to be deactivated.
 - Disable access – Required to be submitted when any SOAP User no longer perform the duties for the Consortium either by reassignment, dismissal, transfer, retirement, or other.
- Complete the request by signing the both forms, mailing in or faxing forms to the Commission.
- Assistance with information about accounts and process contact 1-888-294-0153 .

Mail forms to:

California Student Aid Commission
Program Administration & Services Division
Attn: Specialized & Outreach Programs
P.O. Box 419026
Rancho Cordova, CA 95741-9026

OR

Fax forms to: (916) 464-6499

Retain a copy of this completed form.

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

CA Student Opportunity and Access Program (CalSOAP)

CalSOAP - CSAC Policy for User accounts



Agency			
Agency Name:			
Agency Address:	City:	State:	Zip Code:

CSAC Policy Part 1:

The SOAP Users must:

- A. Identify at least one, but no more than two SOAP Users (SU) per consortium. Since the Commission is responsible for oversight of each SOAP project, the Project Administration and Services Division (PASD) within the Commission will perform the duties of the Authorized Official (AO). The AO is responsible for processing the SOAP User request forms and ensure access is granted in a timely manner.
- B. Require every CalSOAP User (all accounts created by the SOAP User) complete, sign, and submit an Information Security and Confidentiality Agreement and CalSOAP User Access Request form to the SOAP User / Project Director. These forms must be kept by the SOAP User or designed, on-site (electronic scanned or filed), and available upon request.
- C. 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 CalSOAP systems. This includes, specifically, all documentation for no less than 3 years after the termination date of the user.
- 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 CalSOAP Database.
- F. Notify the Commission in writing within five (5) working days if the identity of the SOAP User(s) changes. If a new SOAP User(s) is designated:
 - a. A SOAP User Access Request form must be submitted identifying the previous user account to disable or update.
 - b. A SOAP User Access Request form and accompanying documents (see B) must be submitted designating the new SU as applicable.
- G. 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.
- H. Notify the Commission immediately of any security or confidentiality violation(s) by contacting the Commission's Information Security Office via the ITSD Service desk at (888) 294-0148 or csachelpdesk@csac.ca.gov.
- I. 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.
- J. 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.
- K. 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.
- L. Ensure that information transmitted electronically or otherwise to the Commission has been examined and is complete and accurate to the best of its knowledge.
- M. 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 CalSOAP database application / system.

Definitions:

- Commission / CSAC:** California Student Aid Commission
- Authorized Official:** Individual authorized by the Commission to approve the SOAP User Access Request
- SOAP User:** Individual designated by the Consortium to be responsible for implementing procedures and ensuring adherence to all information security/confidentiality policies stated herein. The Consortium may use their existing employee to act as the SU for purposes of the Commission's Cal SOAP system. Each consortium may designate up to two Super Users / Application Administrators.
- Confidential Information:** Information that identifies or describes a real individual including, but not limited to a combination of name and one or more of the following data values or varying combinations of personal information as defined by California Civil Code § 1798.29 and the National Institute of Standards and Technology (NIST) Special Publication (SP) 800-122: social security number, home address, telephone number, date of birth, username/id, email address, physical description, education, financial matters, health insurance information, medical or employment history, including statements made by or attributed to the individual.

Retain a copy of this completed form.

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

CalSOAP - Access Request Forms

A signed CSAC Information Security and Confidentiality Agreement must be received and approved by the California Student Aid Commission prior to gaining access to the CalSOAP system. All fields are required to obtain a Super User (SU) User ID and Password. SOAP Project Super Users & CSAC Authorized Officials must renew/submit this form each year.

I. Agency Information			
Agency Name:			
Agency Address:	City:	State:	Zip Code:
Requesting Access To:	Consortium - Super User		CalSOAP - WebGrants
II. Personal Information Section (to be completed by person requesting access)			
Attention: A copy of the requestors CA driver's license or ID card is required when submitting this form for Consortium			
Full Name of User (Last, First, Middle Initial):		Hire Date:	Date of Birth:
Home Address (matching identification provided):	City:	State:	Zip Code:
E-Mail Address (maximum of 40 characters):	Phone Number:	Fax Number:	
CSAC Policy Part 2:			

The User must:

- Complete, sign and submit an Information Security and Confidentiality Agreement, an CalSOAP User Access Request Form, and provide a copy of a valid California Driver's License or Identification Card. All submitted forms must be approved by the Commission prior to the institution gaining access to the CalSOAP system. Accounts will expire bi annually (submission year). Resubmission of forms is required to extend accounts active status. If all User accounts for a SOAP project expire, all subordinate accounts may also be disabled.
- 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 at (888) 294-0148 or iso@csac.ca.gov.

New*	Renew	Add	Change*	Disable	USER ID <small>(if you are renew, disable or add)</small>
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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 CalSOAP system and any information system owned or operated by the Commission.

Signature:	Name/ Title	Date:
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The Commission reserves the right to revoke access to the CalSOAP system from any Consortium or individual staff member without notice.

III. Access Request Certification Section (to be completed by CSAC Program Administration)		
Date Request Received:	<i>By signing below, I certify that I have validated the requestor's information and approve the above named employee as a CalSOAP Super User. I have reviewed and understand all CSAC Security and Confidentiality Policies pertaining to its use.</i>	
Signature of CSAC Authorized Official (AO):	Print Name / Title:	Date:

List of Schools
Attach additional pages, if necessary.

CaISOAP Users ONLY

High School Name	College Board code	CDS Code	ASC Accreditation Code (or other eligible regional accreditation code)	Accreditation Association Contact (if other than WASC)

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 hand-held 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, 11040 White Rock Road, Rancho Cordova, CA 95670; Email: iso@csac.ca.gov and csachelpdesk@csac.ca.gov, ITSD Service Desk: 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.

Agency Name		User ID:	
Agency Address:		City:	State:
Zip Code:		Phone Number	
E-Mail Address (maximum of 40 characters):		Fax Number	
<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>			
Signature:		Name/ Title	Date: