



SECURITY CLEARANCE/UNDERTAKING FORM TO ACCESS STUDENT PHOTOS

I accept responsibility to comply with Queen's University policy as explained in the following documents:

Freedom of Information & Protection of Privacy Act at <https://www.ontario.ca/laws/statute/90f31>

Student and Applicant Record Policy at <http://www.queensu.ca/registrar/resources/policies/accessprivacy>

Guidelines for Assigning Access to Student Records at <http://www.queensu.ca/registrar/faculty-staff/student-data>

Information Systems Security Policy at [https://www.queensu.ca/secretariat/policies/senate/electr-o T33d33 -1.187Td\(w\)9 \(i\)5 \(t\)5 \(h a\)11 \(p\)13.7pr\)6\(o\)13.7pr\)6\(i](https://www.queensu.ca/secretariat/policies/senate/electr-o T33d33 -1.187Td(w)9 (i)5 (t)5 (h a)11 (p)13.7pr)6(o)13.7pr)6(i)

Please complete this form and sign below to indicate that you have read the above information and the information about confidentiality and are prepared to abide by this Undertaking.

Full Name: _____

Position / Title: _____ End Date of Appointment (if applicable): _____

Check your position type:

Departmental Undergraduate Chair

Departmental Undergraduate Secretary and/or Departmental Assistant

Departmental Chair of Graduate Studies

Secretary to the Chair of Graduate Studies and/or Departmental Assistant of Graduate Programs

Faculty Office

OUR

Other - Specify: _____

Staff Number: _____ Telephone /Extension: _____

NetID (Userid - if one has been assigned): _____ Email Address: _____

Department and Address: _____

I require access to student photos:

Explain your need to access student photos:

Student/Staff Signature: _____

Department Head's Authorization Signature: _____ Department Head's Name (Please Print): _____

Date: _____ Extension: _____

Office Use Only: Approved: Yes No Signature: _____