Washington University in St. Louis
Blue Access Request Form

To gain access to Blue, the course evaluation system, this form must be completed and signed by the employee and their supervisor.

Name (Last, First, MI): _____ **Empl ID**: _____

WU email address: _____ **Phone**: _____

Department: _____ **Campus Box/MSC**: _____

Position/Job Function: _____

Check ALL that apply:

☐   I am a new user.

   Please provide the name of the person you replaced below, if applicable:

   _____

☐   I am requesting a change to my current access.

☐   I am requesting that my access be terminated.

Please list the school and subjects to which you need access.

_____
_____
_____
_____
_____

Department Approval

I certify that the person requesting Blue requires the specified access as stated on this access request form, and that such access is appropriate in the conduct of their job responsibilities.

Name of Supervisor (please print): _____

Signature of Supervisor: _____ **Date**: _____

Submit the completed form (with signatures) by email to the Office of the University Registrar, evals@wustl.edu.

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Requestor Agreement

I certify that my position at Washington University requires access to Blue as stated on this form. I acknowledge that my access is strictly for business use and any non-business use may be subject to disciplinary action. I further acknowledge that I have read and will comply with the following University policies:

- Information Security Policy: https://informationsecurity.wustl.edu/items/policy-100-information-security-program/#policy
- Information Security Acceptable Use: https://informationsecurity.wustl.edu/items/policy-112-information-security-acceptable-use/#Policy
- Guide to Legal and Ethical Use of Software: https://washu.edu/policies/guide-to-legal-and-ethical-use-of-software/

To ensure the privacy and security of University data, I will:

- Access, distribute and share University data only as needed to conduct business as required by my job.
- Respect the confidentiality and privacy of individuals whose data I access.
- Observe any ethical restrictions that apply to data to which I have access.
- Immediately report to my supervisor any and all security breaches.
- Comply with all department and campus IT and business process security policies and procedures.

I will not:

- Discuss verbally or distribute in electronic or printed form University data except as needed to conduct University business as required by my position.
- Share my user ID(s) and password(s) with anyone nor use anyone else's user ID(s) or password(s).
- Use or allow other persons to use University data or software for personal gain.
- Make unauthorized copies of University data or software.
- Engage in any activity that could compromise the security or confidentiality of University information.

I read and agree to comply with the terms and conditions stated above. I further understand that a breach of this agreement may be grounds for immediate dismissal and may also result in referral for civil or criminal legal action. Should my affiliation with the University change or terminate, these prohibitions remain in effect.

Signature of Requester: _____ Date: _____

If you have questions about any of the terms and conditions, please contact the Office of the University Registrar at evals@wustl.edu.

ACCESS FORM ACTION (Completed by the Office of the University Registrar):

Access Approved ☐ Y ☐ N   Date: _____   Requestor Notified: ☐ Y ☐ N   Date: _____

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