



Request for Non-Employee Account Access

The Non-Employee Account Access form is to request access for an individual who is not affiliated with the university as an employee or student. Requested access must be for a specific length of time and for a specific purpose. Complete this form and the attached **Confidentiality Agreement** prior to the start of the need for access. Return completed forms for processing to Human Resources at humanresources@loyola.edu or via fax at 410-617-5072.

Loyola Point of Contact Employee ID

*Note: When requesting this account, you also agree to notify HR when the Non-Employee no longer needs access. **

Signature (Point of Contact)

Security/Access Requested: ID Card Only No ID with Loyola Account (e-mail) ID Card with Loyola Account (e-mail)

Reason for access requested

Location(s) requested for badge access

Non-Employee Name Date of Birth

Employer Name Last four SSN

Non-Employee Home Address

Non-Employee Phone Non-Employee E-mail

Start Date of requested access End date of requested access

Indicate which group (sponsor of the access request) applies to the Non-Employee:

Jesuit Library Dining Services (Parkhurst Dining) Bookstore Technology Services

ROTC (If ROTC, will Non-Employee be an instructor? Yes No)

Board of Trustees Other

Indicate the Non-Employee's existing or previous relationship to Loyola, as applicable:

Applicant Student Relative of Student Employee Contractor

Donor Other

FOR HR OFFICE USE

Non-Employee ID _____ Date Entered _____ HR Signature _____



CONFIDENTIALITY AGREEMENT

As a member of the Loyola University Maryland community, (hereafter known as the “University”), I will be required to support a variety of University functions in the performance of my duties, and I will have access to confidential student, employee, alumni, and Friends of the University information and records about financial, educational, personnel, medical, and academic matters from various media (paper and electronic) and sources including, but not limited to, interoffice communications, internal publications, verbal interactions, correspondence, and data bases. By virtue of my relationship with the University, I am accountable for the responsible use of University information and for ensuring the confidentiality, integrity, and accuracy of that information.

1. I acknowledge responsibility and accountability for maintaining the confidentiality of all student, employee, alumni and Friends of the University information and records and other confidential and proprietary University information and records. This information will not be revealed, distributed, or discussed (even through casual discussion) with anyone, except as required in the normal performance of my duties.
2. I will not attempt to alter, change, modify, add, or delete student, employee, alumni and Friends of the University information or documents, except as authorized in the performance of my duties by my supervisor or supervisor’s designee. I will follow proper procedures for the disposal of confidential documents, as instructed and authorized by my supervisor or supervisor’s designee.
3. I will access only information required to perform duties authorized by my supervisor or supervisor’s designee. Access to information, which includes written documents, electronic files, student educational or financial records, and personnel data, records or files, should be gained through normal business procedures for obtaining information.
4. All procedures, written documents, records, and computer programming that I generate, access, input, modify, report, record, etc., in the performance of my duties, shall be done in accordance with standards set by my supervisor or supervisor’s designee, University committees charged with the responsibility for setting standards (example: the CORE Team), University policies, regulations established by applicable governing bodies, or applicable laws. Confidential information and records are considered property of the University and should not be disclosed to external parties for commercial or unauthorized use.

I understand that failure to abide fully with the above confidentiality agreement is grounds for immediate disciplinary action, up to and including dismissal from employment at the University. Additionally, I understand that disclosing confidential data, without proper authorization, may violate the Family Educational Rights and Privacy Act of 1974 (“FERPA”) and other federal and State laws and regulations that protect the confidentiality of information and records, and may subject me or the University to civil and/or criminal liability.

I certify that my signature below indicates that I have read the above and understand my responsibility for maintaining the confidentiality of University information and records, regardless of the form. I also agree not to disclose student, employee, alumni or friends of the University information to any unauthorized person or organization while working for the University or after my employment at the University ends.

Name

Signature

Loyola ID (if applicable)

Date

Please forward this completed form to Human Resources.

[Print Form](#)