

# Insight Reporting Portal Form



UNIVERSITY OF  
**NORTHERN**  
**COLORADO**

Complete this form for Insight Reporting Portal access and fax to Technical Support at 970.351.1354.

## CLIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Bear Number: \_\_\_\_\_ Phone Extension: \_\_\_\_\_  
Department: \_\_\_\_\_ Student Employee:  Yes  No

## ACTION

- New/Update User: If you need new or additional access to Insight
- Remove User: Employee leaving University/Department and no longer needs Insight access

## INSIGHT PORTAL

Select an Insight view below:

View and Data Steward

View: \_\_\_\_\_ Data Steward Signature (Required): \_\_\_\_\_

View: \_\_\_\_\_ Data Steward Signature (Required): \_\_\_\_\_

View: \_\_\_\_\_ Data Steward Signature (Required): \_\_\_\_\_

## REPORT WRITING

Report writing is a decentralized process at UNC. You may request that reports be generated by selecting the 'Request a Report' on the 'Resources' tab of Insight. Others who want to write their own reports will need to contact IM&T Department for training and completion of "Insight Security" form on the Resource tab.

### Report Writer Authorization

- Info Assist (PUG folder access)
- Application Studio

Signature: \_\_\_\_\_

Mark Gonzales, IM&T Carter 0008, Fax 1-1650

Computer Tag # \_\_\_\_\_

## CLIENT SIGNATURE

I acknowledge that I have read and understand my responsibilities as related to FERPA at <http://www.unco.edu/regrec/FacultyStaff/FERPA.html> and agree to the Information Management & Technology policies at <http://www.unco.edu/it/Policies/computingproceduresindex.html> and <http://www.unco.edu/it/Policies/DataHandling.pdf>. I understand that unauthorized release of student information is in violation of the FERPA policy and will necessitate the revocation of access to the University data. Violation of FERPA and Information Management & Technology policies and any improper use of computer resources may result in disciplinary action up to and including termination.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(REQUIRED)*

## SUPERVISOR AUTHORIZATION

When you sign this request to grant access you assume the responsibility to provide training for the person receiving the authorization, to provide information about FERPA, to monitor the use of the information, to request the cancellation of access should the user resign or be terminated from his/her position, and authorize changes for login.

Supervisor Name: \_\_\_\_\_ Extension: \_\_\_\_\_  
*(PRINTED)*

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(REQUIRED)*