

**SUNY Potsdam Request for Access to BearPAWS Administrator and Staff Reports**  
*Please return to Ramona Ralston, Registrar's Office—Raymond 313*

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Potsdam ID#: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Campus Email: \_\_\_\_\_

*Our goal is to protect the security and confidentiality of student educational records, as required by the Family Educational Rights and Privacy Act, while allowing access to the information faculty and staff need to perform their duties at the college. The questions below will help us to determine which report(s) you need access to, or whether there is some better way for you to obtain this information. Please be specific in your answers—continue on the other side of the page if you need more space for your explanation.*

What information are you requesting access to? Do you need it for only a particular department or student population, etc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you need this information? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How frequently do you need access to this information (daily, weekly, once a semester, summer only, etc.)? \_\_\_\_\_

Do you need the access only for a specified period of time, or indefinitely? \_\_\_\_\_  
\_\_\_\_\_

Who is supervising/authorizing your use of the requested information? (please print name)

Dept. Chair \_\_\_\_\_ Dean/Designee \_\_\_\_\_

Office Director \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

*I understand my obligation to protect the confidentiality of student educational records accessed through BearPAWS as required under FERPA and to limit retrieval of information to what is necessary for the completion of my job responsibilities. I will notify the Registrar if/when my access to the BearPAWS Administrative and Staff reports is no longer needed.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date