

SUNY Potsdam Request for Access to BearPAWS Administrator and Staff Reports

Please return to the Registrar's Office- Raymond 313

Name		Departm	ent	
Potsdam ID#	P00	Campus	Phone	
Campus Email				1
Educational Rights an heir duties at the coll whether there is some	nd Privacy Act, while allo ege. The questions belo	wing access to the info ow will help us to deter btain this information.	ormation fa mine whic Please be	cords, as required by the Family aculty and staff need to perform h report(s) you need access to, or specific in your answers-ation.
		access to? Do you		or a particular department o
Vhy do you need	this information?			
How frequently do	you need access to	o this information?	(Please c	omplete chart below.)
			Indefinitely	
				Daily
			,	Weekly
				Monthly
Begin		End		Summer only
				Once per semester
Vho is supervisin	g/authorizing your us	se of the requesting	g informa	ation?
Supervisor/Authorizing Party (please print)				Title
Supervisor/Authorizing Party's Signature			Date	
BearPAWS as require	ed under FERPA and to ies. I will notify the Reg	limit retrieval of inform	ation to wl	records accessed through hat is necessary for the completic learPAWS Administrative and
Signature			 Date	