## California Student Aid Commission WebGrants System Administrator's Access Request

## Informational / Instructions for System Administrator's Request Form

The request form is required for each School's WebGrants System Administrator (SA). The forms must be approved by the Authorized Official (AO) and returned to the Commission.

### Section 1. Institution / School Section: (Required for access)

- Select type of school access you are requesting by choosing the correct box.
- Required fields are: Institution / School Name, OPE ID / College Board Code, School Address, City, State, Zip code.
- High schools require separate Security request form for each additional school added (if Authorized Official is different).
- Authorized Officials being: Principal, Dean, President, Head Master.
- The Authorized Official (AO) and System Administrator (SA) cannot be the same person. The (AO) will not have WG access.

### Section 2. Personal Information Section: (Required for access)

- Initial that you have read and understand the security of PII while using the WebGrants system.
- Select / Check the appropriate check box based on the type of action the Commission should complete.
  - o New Requester has never had account with CSAC. Or requesting additional school to existing admin account.
  - Renew Used to regain access with existing account. High Schools expire 2 years from creation/renewal. Colleges expire every year from creation/renewal. On-site USER accounts expire with System Administrator accounts.
  - o Change Is used for: Changed schools, Add or Remove School, changing to or from a user/admin account.
  - o Disable Disable access to WebGrants. (e.g. left school, retired.) Authorized Official signature required.
- Enter (SA) First, Last name, Middle Initial of the System Administrator (SA) requesting access.
- Enter email issued by school and not shared by other employees. 3rd party emails are. (e.g. gmail, yahoo are not authorized.)
- The requesting System Administrator must provide a unique answer to the selected question. Three answers are allowed.
  - o The answer must be at least 5 to 20 characters. (no spaces) (e.g. 1965Mustang, CheeseCake)
  - When calling you will provide Security Answer and OPE ID / College Board Code for assistance.
- This form may be used for USER accounts. System Administrator will retain the form on-site.
- Information Security and Confidentiality Agreement signed by (SA) and (AO) are required with System Administrator Access Request.
- USER ID, Passwords and Security Answers are NOT to be shared with other employees.
- CSAC IT Service Desk are the System Administrators for School Administrators in WebGrants.

## Section 3. Authorized Official Approval for WebGrants Access: (Required for access)

- Authorized Official (AO) designates:
  - o Two (2) WebGrants System Administrators for Institutions or High Schools
  - o Three (3) for District / County accounts.
- The Authorized Official (AO) cannot have an active user account in WebGrants system.
- System Administrator's are the Authorized Official for on-site USER account access.
- Type Full Name, Title, Phone Number, fax number (optional) and personal institution e-mail address, signature and date.
- Authorized Official email is required for processing electronically.

### **Security and Confidentiality Form**

- High Schools are required to submit a Security Form for each school submitting access to.
- The System Administrator (SA) and Authorized Official (AO) must read and sign the Security and Confidentiality form.
- The Authorized Official and the individual requesting System Administrator access MAY NOT BE the same individual.

### **WebGrants Admin:**

### For Students:

- School Support: 1-888-294-0153 / schoolsupport@csac.ca.gov
- Student Support: 1-888-224-7268 / studentsupport@csac.ca.gov
- Password Reset: 1-888-294-0148 / csacitservicedesk@csac.ca.gov

# California Student Aid Commission WebGrants System Administrator's Access Request

All fields are required to obta Agreement must be attach								
Section 1 - Institution / School Information				(All fields required to process)				
Select School Type:	(High	Schools expire 2 year	s from creation	/ renewal) (Colleges	s expire every yea	ar from cre	eation / renewal)	
High School	2/4 Year College		CSU-UC		Co	Community / Jr. College		
District	Cour	County		Cal-SOAP		Consortium		
USER Only	ОТН	OTHER:						
Institution / School Name:			OPE ID / C	College Board Cod	de:			
Institution / School Address:			City: State: Zip C			Zip Code:		
As the System Administrator (S policies and annual training p	,			•				
Section 2 - Personal Information			NOTE: Old System Admins may have to be disabled to create new account.					
New Renew	Change	to:		DISABLE ACCOUNT	Disab	ole Administrato	r account	
System Administrator (SA) Prin	nted Name:	E-Mail Address (m	aximum of 40 charac	eters)	Phone Number	r	Date	
Password Reset Questions:				An	iswers:		<u>'</u>	
Your pets name & type (e.g., MaxxCat)								
Your favorite food to eat (e.g., CarrotCake)								
Year & Model of your first car (e.g., 67Camaro)								
S - 4 - 2 A - 4 1 Off	:.:.1 A		NOTE T		LGA			
Section 3 - Authorized Off	* *			the School's (AO)	, , ,			
The System Administrator Confidentiality Agreement Commission. These ma	must be signed	by both Authoriz	zed Official	and System Adı	ministrator th	en subm	itted to the	
* As the Authorized Offici Administrator and that I h	• • •			•	•		•	
Authorized Official (AO) Printed Name / Title E-Mail Address (max				·	Phone Number	Da		

## California Student Aid Commission



## WebGrants System Administrator's Access Request

Information Security and Confidentiality Agreement is required by the California Student Aid Commission (Commission) from any person or entity (high school, post-secondary educational institution, agent, program, or 3rd party) requesting access to a Commission information technology system.

### **Information Security and Confidentiality Agreement:**

The California Student Aid Commission (Commission) is committed to protecting the confidentiality and security of information. As an individual requesting access to a Commission application, database, or information technology system, during my duties or purpose at the Commission, I may have access to proprietary or confidential information. I understand that all proprietary and personally identifiable information (collectively PII) must be maintained confidentially, and in a secure fashion.

I agree to follow all Commission policies and procedures governing the confidentiality and security of PII in any form, including oral, fax, photographic, written, or electronic. I will regard both confidentiality and security as a duty and responsibility while part of the Commission workforce, or during my involvement with Commission as a non-workforce member.

I agree that I will not access, release, or share PII, except as necessary to complete my duties or purpose at the Commission. I understand that I may not access any information on friends or family members unless a Release of Information form authorizes me to do so, unless doing so is a necessary part of my job duties, or unless I am otherwise permitted to do so by Commission policies. I understand that I am not authorized to use or release PII to anyone who is not part of the Commission workforce or an approved visiting observer or Commissioner except as provided in Commission policies and procedures, contract, or as required by law.

I agree that I will use all reasonable means to protect the security of PII in my control, and to prevent it from being accessed or released, except as permitted by law. I will use only the access privileges I have been authorized to use, and will not reveal any of my passwords, user account identifiers (IDs), or share access with others. I will take precautions to avoid inadvertently revealing PII; for example, I will use workstations in a safe manner and will make reasonable efforts to prevent conversations from being overheard, including speaking in lowered tones and not discussing PII in public areas. If I keep Commission related data and notes on a hand held or laptop computer or other electronic device, I will ensure that my supervisor knows of and has approved such use and I will keep this information secure and confidential. If, as part of my responsibility, I must take PII off the premises, I will do so only with permission from my supervisor; I will protect PII from disclosure; and will ensure that the PII is either returned to Commission or destroyed.

I agree that when my employment, affiliation, visitation or assignment with Commission ends, I will not take any PII with me and I will not reveal any PII that I had access to as a result of my duties at the Commission. I will either return PII to the Commission or destroy it in a manner that renders it unreadable, unusable by anyone else and in accordance with Commission security and confidential destruct policy.

I agree to report unauthorized use or disclosure of PII or security issues affecting systems that contain or give access to PII, to the California Student Aid Commission Information Security Office, P.O. Box 419026 Rancho Cordova, CA 95741; Email: iso@csac.ca.gov and csacitservicedesk@csac.ca.gov, IT Service Desk: 888-294-0148 Fax 916-464-6430.

I understand that access to all Commission systems is monitored. There is no reasonable expectation of privacy expressed or implied in my usage of Commission information systems. My usage of all Commission systems will comply with all federal and California information security and confidentiality laws, including the Comprehensive Computer Data Access and Fraud Act (California Penal Code Section 502), Federal Privacy Act, Gramm-Leach-Bliley Act with subsequent "Privacy" and "Safeguards" rulings, the Information Practices Act of 1977, as amended and the Commission's security and confidentiality policies and procedures. All unauthorized access is prohibited.

I understand that if I do not keep PII confidential, or if I allow or participate in inappropriate disclosure or access to PII, I will be subject to immediate disciplinary or corrective action, up to and including dismissal or loss of access privileges to Commission property and facilities. I understand that unauthorized access, use, or disclosure of PII may also violate federal and state law and may result in criminal and civil penalties.

This agreement will remain in full force and effect until it is either rescinded or the requestor's duties or relationship with the commission are changed or terminated. Non-compliance with this agreement may result in adverse action including possible termination of employment, contract, agreement and/or criminal and civil penalties under local, state, and federal laws.

System Administrator (SA) Printed Name: Title:	OPE ID / College Bo	oard Code: User ID:					
Institution / School Address:	City:	State:	Zip Code:				
E-Mail Address (max. of 40 characters)		Phone Numb	per				
By signing below, I certify that I have received, reviewed, and understand the Information Security and Confidentiality policies of the California Student Aid Commission (CSAC). I will comply with these policies while using any Commission information system.							
(SA) Signature:	Name/Title:		Date:				
(AO) Signature:	Name/Title:		Date:				

## California Student Aid Commission



## WebGrants System Administrator's Access Request

## Additional list of Schools in your District/County

Institution / School Name	OPE ID College Board Code	Institution / School Address
	College Board Code Primary Code:	