**Husky ID Card Electronic Data Access Request**

This form is intended for campus organizations that wish to use the Husky ID Card electronic data for business and program purposes. The [UW Husky ID Card and Data Acceptable Use Standard](https://privacy.uw.edu/acceptable-use-standard-husky-id-card-and-husky-id-card-data/)can be found at the UW Privacy Office <https://privacy.uw.edu/policies/>.

**Instructions**

* Use this form to request authorization to obtain and use electronic data associated with the UW Husky ID Card (name and UW ID number only). If approved, data may be used only for the purpose stated in this request. Separate requests must be submitted for any additional use or combination with data other than those described in this request.
* If the Electronic Data requested here will be combined with data from other sources, e.g. SDB or HEPPS, requests for that data must be requested separately through the appropriate request process.
* When the request is completed and signed, please scan and send it as an email attachment to huskycrd@uw.edu. Use subject line: Electronic Data Request
* Requests will be routed to Data Custodians for review. The Manager/Administrator Contact may be contacted by a representative of the Husky Card Office or Data Custodians for clarifying information. Data Custodians may issue **conditional** approval of business purpose, contingent upon a technical review by UW-IT.
* After Data Custodian conditional approval, UW-IT will contact the requestor to confirm methodologies, the technical architecture and security infrastructure if needed.
* Department is responsible for procuring their own hardware and ensuring compatibility with Husky Cards.
* A UW budget number may be requested if there is a need for custom setup or integrations, or future troubleshooting.
* For general information about Husky Card ID Card Electronic Data contact huskycrd@uw.edu and use subject line: Electronic Data Information.

**Access and Use Agreement:**

I certify that I, as the requesting user, will abide by all rules set forth in this agreement. I recognize that student data is protected by the Family Educational Rights and Privacy Act of 1974 (FERPA).Data compiled as a result of the use of the electronic data may not be transferred to a third party without the consent of the data custodian(s).

I understand and acknowledge that the UW Standards/Policy Statements listed below govern my access to and the right to use UW information systems and institutional information. This list is not necessarily exhaustive.

* [UW Administrative Policy Statement (APS) 2.2, University Privacy Policy](http://www.washington.edu/admin/rules/APS/02.02.html)
* [UW APS 2.4, Information Security and Privacy Roles, Responsibilities, and Definitions](http://www.washington.edu/admin/rules/APS/02.04.html)
* [UW APS 2.5, Information Security and Privacy Incident Management Policy](http://www.washington.edu/admin/rules/APS/02.05.html)
* [UW APS 2.6, Information Security Controls and Operational Practices](http://www.washington.edu/admin/rules/APS/02.06.html)
* [UW APS 55.1, Mobile Device Use and Allowance Policy](http://www.washington.edu/admin/rules/APS/55.01.html)
* [UW Husky ID Card and Data Acceptable Use Standard](https://privacy.uw.edu/acceptable-use-standard-husky-id-card-and-husky-id-card-data/)

I also understand that other UW Standards/Policy Statements, state and federal regulations and policies, standards or guidelines specific to my UW organization may apply to my activities under this request. These include, but are not limited to, ethics laws and laws regarding maintenance and disclosure of public records.

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| **Requesting User** | **UW Net ID** | **Phone** | **Signature** |
| Enter Name | Click here to enter text. | Click here to enter text. |  |
| **Manager/Administrator Contact**  | **UW Net ID** | **Phone** | **Signature** |
| Enter Name | Click here to enter text. | Click here to enter text. |  |
| **Technical Contact** | **UW Net ID** | **Phone** | **Signature** |
| Enter Name | Click here to enter text. | Click here to enter text. |  |

**Request Information (to be completed by Department)**

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| Department Name:Click here to enter text. |
| Date by which data access approval is needed. Please allow 7-10 days for Custodian approval:Click here to enter text. |
| In simple terms, please describe your project as completely as possible, making sure to include the business objective you are trying to achieve, and how use of the Husky Card data will help meet that objective.Click here to enter text. |
| Describe all intended uses for the data. Please include the frequency with which the data will be used. Click here to enter text. |
| Will the electronic data be merged with other person identifying information such as Employee ID, Student ID, or Names from another UW system? [ ] Yes [ ] NoIdentify the other data with which Husky Card data will be merged: Click here to enter text. |

**Data Custodian Use Only**

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| **Data Domain** | **Data Requested (Yes/No)** | **Data Custodian Approval** |
| Students |  |  |
| Helen Garrett  |
| Staff  |  |  |
| Rachel Gatlin |
| Faculty |  |  |
| Margaret Stuart  |
| RFID Data |  |  |
| Anne Eskridge |