



CheckMarq Student Record/Imaging/Courseleaf/CLSS Administrative Access

Purpose: Completed by the supervisor of all staff or administrators requiring access to student records in CheckMarq, CLSS, ImageNow and/or CourseLeaf; also required for staff or administrators who have access to any of these functions, but moved to another college/school/department/office or changed positions within the college/school/department/office.

Supervisor Instructions

- Complete Sections 1-3 of this form using a computer.
 - a **handwritten form will not be accepted.**
 - an incomplete form will not be processed and will be returned to you for completion.
 - access will not be granted until all required forms have been received.
- Print the form using the 'Print Form' button.
- Sign the form in Section 4; a digital signature will **not** be accepted.
- Email this form to the Office of the Registrar to otrdocs@marquette.edu.

NOTE:

- Any person who has not already completed FERPA training must take the [online FERPA training](#) prior to receiving the requested access.
- A [Request for CheckMarq Schedule of Classes Role: Instructor/Adviser/TA/Other](#) is required for a faculty member, TA, D2L Facilitator, etc. who also need to be attached to the Schedule of Classes in CheckMarq.

Section 1: Supervisor Information

Name

Last name, First name, Middle name

Title

College/Dept/Office

Email

@marquette.edu

Section 2: Individual Requiring Access or Modification of Access

current access will be removed when the new access is created

Name

Last name, First name, Middle name

MUID

Username

College/Dept/Office

Title/Position

Email

@marquette.edu

Phone

Check One:

- ☐ Marquette Employee
- ☐ Appointment Not Paid by Marquette; end access on (date): _____
- ☐ Auditor/Contractor/Vendor; end access on (date): _____

Section 3: Action Required (check all that apply)

☐ Provide the same CheckMarq access as: _____, who is:

- ☐ Leaving the University
- ☐ Moving to Another College/School/Department/Office (new form needed)
- ☐ Responsibilities Changing in same College/School/Department/Office (new form needed)
- ☐ Continuing with the Same Responsibilities in the same College/School/Department/Office

does this person still require CheckMarq access?

☐ Yes

☐ No

does this person still require CheckMarq access?

☐ Yes

☐ No

☐ Provide Additional CheckMarq Access

Type of additional access required (e.g. view student biographic/academic information, grant permission numbers)

☐ Provide Imaging Access

☐ Provide CLSS Access

☐ Provide AA Generate Report access

☐ Provide BI Report Access

☐ Provide Courseleaf Access

☐ Provide Schedule Planner Administrative Access

☐ Cancel all access

Section 4: Signature of Supervisor

I certify that the individual identified above requires the access indicated as part of his/her job responsibilities.

Signature of Supervisor

Date