



SAMIS Account Request Form (SF-1)

Email completed form with authorization signature to samis@coj.net

Employee Name:		Title:	
Agency:			
Employee Work Address:			
Employee Work Telephone:		Employee Work Fax number:	
Employee E-Mail Address:			

1. Select the change requested: Termination New User Revision

2. Select user role (Check all that apply):

<input type="checkbox"/> User will be a Program or Data Manager		<input type="checkbox"/> Creator	<input type="checkbox"/> Submitter	<input type="checkbox"/> Both	
<input type="checkbox"/> User will be a Finance Manager					
<input type="checkbox"/> Nutrition Manager Only					

3. Specify which programs (Site Locations) the user should have access to (List all programs the user needs access to):

1.	2.
3.	4.

4. Do you now or have you ever had a SAMIS account sponsored by another organization? Yes No

5. If 'Yes', list the organization(s) and site(s).

1.	2.
3.	4.

6. Special Instructions (To receive a registration access code for training classes, please send this to samis@coj.net):

7. Have the new user; complete the PII Non-Disclosure Statement (page 2 of this document). Once signed it should remain onsite and available upon request for review by the KHA contract manager.

This part is to be filled out by a Manager Only:

Authorizing Signature (Agency/Organization): _____ Phone _____

Print Name (Authorizing Signature): _____

Title: _____ Date _____



PII Non-Disclosure Statement Employee

Understand that:

As an employee of _____, I may be collecting, accessing, or analyzing student information of a personal and sensitive nature.

Individuals participating in this data collection and research have been assured their individual identities and any **Personally Identifiable Information** (PII) will not be disclosed and that all the information they provide will be kept confidential on an individual level.

The responsibility of fulfilling this assurance of confidentiality begins with me as an employee of _____.

In recognition of this responsibility, I agree to:

1. Keep confidential the names of all respondents / participants, all information and opinions collected during the data collection process, and any information learned incidentally while collecting the data.
2. Refrain from discussing or disclosing, except privately with research and evaluation staff members, information that might in any way identify or be linked to a particular individual.
3. Terminate data collection or analysis immediately if I encounter a respondent or begin reviewing a record for an individual whom I know personally and contact my supervisor for further instructions.
4. Take precautions to prevent access by others to PII data in my possession by: (1) keeping hard copies of data collection materials, notes, and records in locked files with limited access; (2) separating files with identifying information from other records; (3) storing electronic copies of data files on secure drives with limited access and/or password-protected; (4) using encryption and or password-protection on electronic files with identifying PII or sensitive information when transporting data; and (5) adhering to all aspects of my organization's data security policy.
5. Refrain from reporting or publishing any aggregate data representing a cell size of fewer than five individuals if such data has the potential to identify the individuals.
6. Properly destroy or render unreadable hard copies and or electronic copies of files that contain PII through shredding and or deleting when those files are no longer applicable to current research or tracking.
7. Take all other actions within my power to safeguard the privacy of respondents / participants and protect the confidentiality of information I collect, manage or analyze.
8. Devote my best effort to ensure compliance with the required procedures by persons whom I supervise, if applicable.

Signed: _____

Date: _____

Print Name