



Complete this form to request MIDAS access. Items with *red asterisks** are required. Questions? Email iam_help@harvard.edu.

User Information

School or business unit:*

Department:

User's last name:*

User's first name:*

User's email:*

Supervisor's last name:*

Supervisor's first name:*

Supervisor's email:*

If you are requesting the same level of MIDAS access as a colleague, list his/her name here:

Check here if you are replacing this person
for all MIDAS admin purposes

Business Reason for Requesting Access

Please describe the business tasks you perform that require you to use MIDAS.* Be specific as to the type of processing you do, or the decisions you make, using MIDAS. Example: *I update directory listings for the Department of Economics, or I look up people by Harvard ID number to determine if they are eligible to be library borrowers.*

Request Access to SSN/National ID

If your job requires access to SSN and/or national ID numbers, please provide the health and safety reasons for requesting:

Confidentiality Agreement

I have been employed by Harvard University to perform duties described under Business Reasons above. In consideration of my employment by the University, I agree to the following:

- 1. I understand that in the course of my employment activities, I may have access to Confidential Information belonging to Harvard. For purposes of this Agreement, "Confidential Information" means all data or information not generally known outside of my group at Harvard or outside of Harvard, whether prepared or developed by or for Harvard or received by Harvard from an outside source. Without limiting the scope of this definition, Confidential Information includes but is not limited to HUID, Social Security number, date of birth, name, contact data, and role-specific information, whether or not labeled or identified as "confidential."*
- 2. Except as required by my Harvard employment activities, I shall never, either during my Harvard employment or thereafter, directly or indirectly use, publish, disseminate, or otherwise disclose any Confidential Information acquired in the course of my employment activities without the prior written consent of Harvard.*
- 3. I agree that I will access only the Confidential Information that I need to perform my duties as a Harvard employee.*

Signature (not required if submitting from Harvard email with supervisor copied)

Date

To submit, email this form to iam_help@harvard.edu and **copy your supervisor on the email.**