

# REQUEST FOR ACCESS TO BI DASHBOARDS, CUBES & REPORTS

Use this form to request access to data on the Institutional Reporting & Analytics Portal

**CONFIDENTIAL** when completed

## INSTRUCTIONS

- i. Please print all information legibly or fill and sign electronically.
- ii. Complete applicable sections
- iii. Send a copy to the address shown on the right
- iv. Please keep a copy for your records

**Institutional Research & Data Governance**

240 - 27 King's College Circle

Toronto, ON M5S 1A1

Please email requests to: [data@utoronto.ca](mailto:data@utoronto.ca)

## 1. Complete the following information to identify yourself

Name:

\_\_\_\_\_ *Last name (Please print)*

\_\_\_\_\_ *First name*

\_\_\_\_\_ *Initial*

Your job title: \_\_\_\_\_

UTORid: \_\_\_\_\_

Faculty: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## 2. USER PROFILE: Indicate the Subject Areas you require

**Subject area:**

Admissions

Student Accounts (detailed)

Student Accounts (aggregate)

Retention Ad-Hoc Analysis

Historical Enrolment Count

Student Housing

Course Enrolment

Other

Program Enrolment

Program Performance Insight

Retention Dashboard

Please indicate below for what purposes the data will be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. CONFIDENTIALITY STATEMENT AND USER SIGNATURE

*I understand and agree that the information/data I have been authorized to access is considered CONFIDENTIAL. Under no circumstances will such information available to me be used, conveyed or discussed by me, unless required in the performance of my duties. Failure to comply with this requirement may result in denial of access and other disciplinary action.*

### **SECURITY REQUIREMENTS:**

- ✗ Keep your password confidential.
- ✗ Never use someone else's password.
- ✗ Never share your password with someone else.

\_\_\_\_\_  
*Your signature*

\_\_\_\_\_  
*Date*

**4. AUTHORIZATION: Obtain your Department Head's signature of approval**

\_\_\_\_\_  
*Department Head's Name (Please print)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Univ. Tel.#*

\_\_\_\_\_  
*Department Head's Signature*

**FOR IRDG OFFICE USE ONLY:**

\_\_\_\_\_  
*Received Date*

\_\_\_\_\_  
*Account Updated Date*

\_\_\_\_\_  
*Staff Member's Name*