



Student Data Access Application

Students Only - Not for Employees

(Complete all requested information below. Incomplete applications will be returned unprocessed.)

Sponsor Name:		Sponsor Title:		College:	
Dept/Div/Program (be specific):	Sponsor Phone #	Sponsor Alternate Phone #		Sponsor E-mail:	
The following students are applying for access to the Shands HealthCare Information System (HIS) at:					
<input type="checkbox"/> Shands/UF		<input type="checkbox"/> Shands/AGH		Other: _____	

Last Name, First Name	UFID #	New (N) or Renewal(R)	Role: (Undergrad, Grad, Intern, Clerkship, Faculty)	Expected Date of Graduation or Departure	Date Confidentiality Stmt signed	Access Start Date	Access End Date

*Basic Access at this time means access appropriate for the type of role listed + Opti-flex and Glucometer

<i>I certify that the above applicants have met the conditions required by Shands HealthCare System for access to their Information System.</i>		Privacy Office Approval/Signature	
Sponsor Signature	Date	Date	

Send completed form to the UF Privacy Office, PO Box 100014 or fax to 352-392-6661. Unsigned applications will not be processed.