

Request for **RESIDENTIAL MANAGEMENT SYSTEM (RMS)** Access.

**USER'S AGREEMENT**

This User's Agreement must be read and understood by all users requesting access to the RMS. By signing the Request for RMS Access / Existing Access Changes form, you are indicating that you will comply with the agreement included below:

By signing this application, I agree that I will not copy nor disclose to any party, (GW employee, GW Student or anyone else) proprietary or confidential information, including proprietary licensed software residing on the GW computer systems. I also agree not to disclose to any party (GW employee, GW student or anyone else) my access codes and/or passwords. I agree to treat as confidential all programs, files, and information residing on any programs and files to which I have been granted access.

I further agree to keep confidential any and all data or information, whether in electronic or printed format, in accordance with the policies and procedures of The George Washington University, and any District, State, or Federal laws. This includes the confidentiality of information concerning GW's students, employees, vendors, and donors, as well as University's propriety information. This latter is addressed in policy statement "Data Security and Asset Protection" issued by the Office of the Vice President and Treasurer. The confidentiality of student records is defined in the provisions of the Family Educational Rights and Privacy Act, as amended (20 U.S.C. 1232(G)), and with the regulations issued may be instituted against me.

Full Name: \_\_\_\_\_  
Gwid: \_\_\_\_\_  
Email Address: \_\_\_\_\_@gwu.edu  
Department Name: \_\_\_\_\_

User's Signature: \_\_\_\_\_

[Forward this request to Campus Housing & Occupancy Mgt., 2350 H St. NW Ste 106, New Hall, Washington, DC 20052, Fax. \(202\) 994-6730](#)

**Dataset:** \_\_\_\_\_  
(For use by housing)

**Workflow Group:** \_\_\_\_\_  
(For use by housing)

**Copy Permissions from User (name):** \_\_\_\_\_  
(For use by housing)

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Seth Weinshel)

Please call 202.994.6838 if you have any questions regarding this request.