



**Student Information System (SIS) Access for New Faculty**  
**Return to the Registrar's Office**

Full Name \_\_\_\_\_  
(First, Middle, Last)

Preferred Name: \_\_\_\_\_ Personal Title: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Mail Code: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ HUC Email: \_\_\_\_\_  
With area code

Program & Location: \_\_\_\_\_

Start Term: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: \_\_\_\_\_

**What are you scheduled to teach at HUC, including the term, subject, course number & title:**

By signing below, you request access appropriate to your HUC responsibilities and agree to abide by the [HUC Technology Usage Policy](#) and the [Family Education Rights and Privacy Act](#) protecting student records.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Remember the following resources:*

*For help with HUC hardware and general software, email [techsupport@huc.edu](mailto:techsupport@huc.edu) .*

*For help with Canvas, email [canvashelp@huc.edu](mailto:canvashelp@huc.edu) .*

*For questions about using the SIS, email [registrar@huc.edu](mailto:registrar@huc.edu) .*