

MAKERERE

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UNIVERSITY

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OFFICE OF THE ACADEMIC REGISTRAR User Access Rights Request Form for Legacy Results Systems

This form should be completed when requesting authorization for access to the Legacy results systems

Full Names	
Makerere Email Address	
Telephone Number (E.G +256-123-456789)	
College/ School	
Designation (Registrar/Results Coordinators e.t.c.)	
System(s) – Tick all that apply	- Transcripts IPH - MED - TIS – Senate Level 5 - RMS Online – Senate Level 7 - COCIS Results System
Date	

Access Approval Levels (I) – Unit/College Head

Access Authorized by (Names)	Designation	Signature

Access Approval Levels (III) – AR-ICT DIVISION

Access Authorized by (Names)	Date	Signature

This application should be returned to 215 Level 2 Senate Building for approval of access.

DATA PRIVACY & PROTECTION INSTRUCTIONS (Read and Acknowledge)

In compliance with:

1. Makerere University Data Protection and Privacy Policy (2021)
2. The Uganda Data Protection and Privacy Act, 2019
3. International frameworks including the GDPR (General Data Protection Regulation)

The following principles apply to all system accounts:

1. **Lawful & Transparent:** Personal data collected is used only for system access, role management, and legitimate university functions.
2. **Purpose Limitation:** Information provided shall be used strictly for account creation, audit logging, and security monitoring of the named system.
3. **Data Minimization:** Only essential identifiers are required; additional data is voluntary.
4. **Security:** Account data is stored on secured University servers with access controls. No data is sold or shared with third parties without consent or legal obligation.
5. **User Rights:** You may request access, correction, or deletion of your data by contacting the University Data Protection Office (dpo@mak.ac.ug).
6. **Retention:** Account records retained for duration of system access plus up to 7 years after last login, unless legal requirements demand otherwise.
7. **International Transfers:** Data will not be transferred outside Uganda without equivalent safeguards or explicit written consent.

I HAVE READ AND UNDERSTOOD THE ABOVE DATA PRIVACY INSTRUCTIONS.

CONSENT & SIGNATURE (Mandatory)

By signing below, I confirm that:

- The information provided is accurate and complete.
- I consent to the collection and processing of my personal data for the purpose of managing my account in the specified system, in accordance with Makerere University policy and applicable data protection laws.
- I understand that misuse of the system or unauthorized data sharing may lead to disciplinary action under University Statutes.

Account Holder's Signature: _____

Name: _____

Date: _____

FOR OFFICIAL USE ONLY (System Administrator / Supervisor)

Account created in system: ☐ Yes ☐ No

System access level assigned: _____

Date account created: _____

Administrator signature: _____

Contact Data Protection Office: dpo@mak.ac.ug | Makerere University ICT Directorate

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