



INFORMATION SYSTEMS DIVISION SOUTHERN UNIVERSITY

REQUEST NUMBER

--	--	--	--	--	--

BANNER USER ACCESS REQUEST FORM

EMPLOYEE PROFILE		
Employee Name:	Date:	
Job Title:	Email:	
Existing Banner User: <input type="checkbox"/> New Banner User: <input type="checkbox"/>	User ID:	
Campus: SUS: <input type="checkbox"/> SUBR: <input type="checkbox"/> SULC: <input type="checkbox"/> SUNO: <input type="checkbox"/> SUSLA: <input type="checkbox"/> SUARC: <input type="checkbox"/>	Phone: _____ Fax: _____	
Staff: <input type="checkbox"/> Administration: <input type="checkbox"/> Faculty: <input type="checkbox"/> Temporary Staff: <input type="checkbox"/> Student: <input type="checkbox"/>		
Banner Role: (Provide a detailed explanation of access purpose; include ALL functions to be performed)		
BANNER MODULE (CHECK ALL THAT APPLY)		
Accounts Receivable: <input type="checkbox"/>	Admissions: <input type="checkbox"/>	Finance: <input type="checkbox"/> Financial Aid: <input type="checkbox"/>
Housing: <input type="checkbox"/>	Human Resources: <input type="checkbox"/>	Payroll: <input type="checkbox"/> Registration: <input type="checkbox"/>
TYPE OF REQUEST		
Create New User: <input type="checkbox"/>	New ID Created: _____	
Modify User Account: <input type="checkbox"/>	Reset Password: <input type="checkbox"/> (to get NEW Password)	
Terminate User Access: <input type="checkbox"/>	Unlock LOGIN ID: <input type="checkbox"/> (to enable account for LOGIN)	
CBT Access Credentials: <input type="checkbox"/>	CBT ID Created: _____	
ACTION REQUESTED (CHECK ONE)		
Add To User Class: <input type="checkbox"/> Change User Class Access: <input type="checkbox"/> Other: <input type="checkbox"/> (Specify Below)		
APPROVALS		
Supervisor Signature:		Date:
Module Functional Security Admin:		Date:
ISD OFFICE USE ONLY		
Received By Security Liaison:		Date:
Security Administrator /DBA:		Date:
Released By Security Liaison		Date:

SECURITY ACCESS REQUESTED						
MODULE	ADD	REMOVE	BANNER ROLE	BANNER CLASS	ACCESS TYPE Q= INQUIRY	ACCESS TYPE M= UPDATE
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Please Read Carefully Before Signing

Employee Confidentiality Statement

By signing this form, I agree to treat all information I am granted access to as confidential and proprietary. I will use this information to fulfill my job responsibilities only. I will not access, print, copy, or disclose confidential, proprietary, or protected information to anyone, whether in electronic or printed format without any business use for it. Additionally, I will not disclose my user id(s) and/or password(s) to anyone. I will comply with all established college/university policies and federal and state laws, including the following:

- Family Educational Rights and Privacy Act of 1974 (FERPA or the Buckley Amendment)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191
- Southern University Student Catalogs (Undergraduate, Graduate and/or Law)
- Southern University Employee Handbook
- TNS Acceptable Use of Information Technology Resources

I, (print name) _____ have read this confidentiality statement. I understand my obligation and liability as an authorized person to access data. I also understand that failure to abide by these conditions may result in disciplinary action including termination of access and/or employment.

Employee's Signature: _____ Date: _____

Management Authorization

By signing below, I acknowledge that I thoroughly understand the type of access being requested for and granted to the Banner User(s) listed.

Department Head/Dean: _____ Date: _____

Functional Security Administrator: _____ Date: _____