

INFORMATION SYSTEMS DIVISION SOUTHERN UNIVERSITY

REQUEST NUMBER

BANNER USER ACCESS REQUEST FORM

EMPLOYEE PROFILE										
Employee Name:	Date:									
Job Title:	Email:									
Existing Banner User:	User ID:									
Campus: SUS: SUBR:	Phone:									
SUNO: SUSLA	Fax:									
Staff: Administration: Faculty: Temporary Staff: Student:										
Banner Role: (Provide a detailed explanation of access purpose; include ALL functions to be performed)										
BANNER MODULE (CHECK ALL THAT APPLY)										
Accounts Receivable: \Box	Admissions:	Finance: 🗌 🛛 I	Financial Aid:							
Housing: 🗌 H	Human Resources: 🛛	Payroll:	Registration:							
TYPE OF REQUEST										
Create New User:	New ID Created:									
Modify User Account: 🗌 Reset Password: 🗌 (to get NEW Password)										
Terminate User Access: Unlock LOGIN ID: (to enable account for LOGIN)										
CBT Access Credentials: CBT ID Created:										
ACTION REQUESTED (CHECK ONE)										
Add To User Class: Change User Class Access: Other: (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:							

Banner User Access Request 20111108

SECURITY ACCESS REQUESTED									
MODULE	ADD	REMOVE	BANNER ROLE	BANNER CLASS	ACCESS TYPE Q= INQUIRY	ACCESS TYPE M= UPDATE			

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: _____

Functional Security Administrator: _____

Date: _____

Date: _____