BANNER AUTHORIZATION FORM

Send form to:

BANNER Security Administration
219 SSB 0200
Or FAX to
974 - 0727

Please check one of the following:

❑ Exempt ❑ Non Exempt ❑ Faculty ❑ Student ❑ GA, GTA

Please check one of the following:

❑ New Account ❑ Change Existing Account

Employee Section

1. Name _____ Net ID_____
(last) (first) (middle)

2. Phone _____ Job Title _____ Department _____

I agree to use University's information technology resources for authorized business only.

Signature _____ Email Address_____ Date_____

Dean, Director or Department Head Section

Please check the Database that your user will need :

__ BANP (Production) **__BAND (Development)**

Please check the Classes that your user will need:

Fin Aid Classes

__Fin Aid Admin **__Fin Aid Prof** **__Fin Aid Maint** **__ Fin Aid Loan** **__Fin Aid Query**

FERPA Classes

__FERPA Query (Query Only) **__FERPA Academic Record (Maintenance)** **__FERPA Finance (Maintenance)** **__FERPA Discipline (Maintenance)** **__FERPA Athlete (Maintenance)**

Please briefly describe how the user will use this information:

_____

_____

Signature_____ Date _____

FOR OFFICE USE ONLY

Approved by: _____ Office _____

Approved by: _____ Office _____

Processed by _____ Date_____