INFORMATION SYSTEMS DIVISION
SOUTHERN UNIVERSITY

REQUEST NUMBER

BANNER USER ACCESS REQUEST FORM

EMPLOYEE PROFILE	
Employee Name:	Date:
Job Title:	Email:
Existing Banner User: ☐ New Banner User: ☐	User ID:
Campus: SUS: ☐ SUBR: ☐ SULC: ☐ SUNO: ☐ SUSLA: ☐ SUARC: ☐	Phone: _____ 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: ☐	Admissions: ☐	Finance: ☐	Financial Aid: ☐
Housing: ☐	Human Resources: ☐	Payroll: ☐	Registration: ☐

TYPE OF REQUEST		
Create New User: ☐	New ID Created: _____	
Modify User Account: ☐	Reset Password: ☐ (to get NEW Password)	
Delete User Account: ☐	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:

					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: _____ Date: _____

Functional Security Administrator: _____ Date: _____