

USER INFORMATION

NAME: _____ DU ID#: _____ PHONE: _____

EMAIL ADDRESS: _____

BANNER USERNAME: _____

DEPARTMENT: _____

JOB TITLE: _____

Please indicate the location you need to administer:

1. Do you need to grant entry access to all parking lots?

Yes: _____ No: _____

2. Do you need to grant entry access to a specific lot?

Lot Name: _____

Lot Name: _____

3. Do you need to run location reports?

Location: _____

Location: _____

Additional information:

Form Prepared By: _____ Preparer's Phone: _____ Fax: _____

APPROVING SIGNATURES

Comments:

Appropriate Security Classes:

1. Department Manager Date

2. Division Head/Budget Officer Date

3. Parking System Signatory Date
Dana Campbell (fax: 14234)

4. ID Office (fax: 14662) Date

5. AIS (fax: 17998) Date

After obtaining all required signatures, please submit this form to the Pioneer ID Card Office for processing. The ID Office will then submit the form to Administrative Information Services (AIS).