

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 a specific room?

Room Name: _____ Building: _____

Room Name: _____ Building: _____

2. Do you need to grant entry access to a building?

Building: _____

Building: _____

Building: _____

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. Pioneer System Signatory Date 4. AIS (fax: 17998) Date
Darren Moitzfield, ID Office (fax: 14662)

After obtaining all required signatures, please submit this form to Administrative Information Services (AIS) for processing.