UNIVERSITY OF DENVER
1864

BANNER ACCESS REQUEST
REINSTATE USER

Rev: 012709

NEW USER INFORMATION

NAME: _____ **DU ID#:** _____

EMAIL ADDRESS: _____ **PHONE:** _____

DEPARTMENT: _____

JOB TITLE: _____

IMPORTANT:

- This form is appropriate ONLY when a person's access should be reinstated exactly as it was at the time it was terminated and the termination date is not more than 6 months prior to date of reinstatement request.

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

APPROVING SIGNATURES

Comments:

1. Department Manager Date

2. Division Head/Budget Officer Date

3. AIS *(fax: 17998)* Date

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