

**BANNER ACCESS REQUEST  
TERMINATE ACCESS**

Rev: 050807

**USER INFORMATION**

NAME: \_\_\_\_\_ DU ID#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

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 along with the signed Confidentiality Statement to Administrative Information Services (AIS) for processing.