



USER INFORMATION

NAME: _____ DU ID#: _____ PHONE: _____

EMAIL ADDRESS: _____ USERNAME: _____

DEPARTMENT: _____ JOB TITLE: _____

Please answer the questions below:

- 1. Do you need reset passcodes? [] Yes [] No
2. Do you need to view/update Event Management? [] View [] Update
3. Do you need to view Cognos Reports? Please indicate which reports you need to view in the 'Additional Information' section below. [] Yes [] No

Additional information:

Three horizontal lines for providing 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. Banner General Signatory Date 4. UTS Enterprise Application Services Date
Wenguo Edmans, Office of the Registrar (fax: 14300) (fax: 17998) or email to eas@du.edu

After obtaining all required signatures, please submit this form to Enterprise Application Services for processing.