

**ADDITIONAL MISC.
BANNER ACCESS REQUEST**

Rev: 082311

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

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 <i>Wenguo Edmans, Office of the Registrar (fax: 14300)</i>	Date	4. AIS (fax: 17998)	Date

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