



REINSTATE 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.
- The purpose of this form is to reinstate all Banner access – please do not use this form to modify access for a specific module.
- Please indicate if this reinstatement request includes:
 - iDataTransfer
 - Banner Document Management Suite (xTender)

Please Indicate Module(s): _____

Form Prepared By: _____ Preparer’s Phone: _____ Fax: _____

APPROVING SIGNATURES

Comments:

1. Department Manager Date

2. Division Head/Budget Officer Date

3. UTS- EAS (fax: 17998) Date
or you may email: eas@du.edu

After obtaining all required signatures, please submit this form to UTS - Enterprise Application Services (EAS) for processing.