

EMPLOYEE INFORMATION

NAME: _____ DU ID#: _____ PHONE: _____

EMAIL ADDRESS: _____ USERNAME : _____

DEPARTMENT: _____

JOB TITLE: _____

Please answer the questions below:

1. Do you need to view Banner forms?

<input type="checkbox"/> Biographical Information	<input type="checkbox"/> Giving	<input type="checkbox"/> Designations
<input type="checkbox"/> Campaigns	<input type="checkbox"/> Prospect Management	
2. Do you need to view Imaging?

<input type="checkbox"/> Giving	<input type="checkbox"/> Prospect Management	<input type="checkbox"/> All
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3. Do you need to update Banner forms?

<input type="checkbox"/> Biographical Information (*See note below)		
<input type="checkbox"/> High Security Biographical Updates (SSN)		
<input type="checkbox"/> Giving	<input type="checkbox"/> Prospect Management	<input type="checkbox"/> Designations / Campaigns
4. Do you need to update Imaging?

<input type="checkbox"/> Giving	<input type="checkbox"/> Prospect Management	<input type="checkbox"/> All
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5. Do you need Report access?

<input type="checkbox"/> Banner Self-Service	<input type="checkbox"/> Biographical Reports	<input type="checkbox"/> Financial Reports
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6. Do you need to run Processes?
Please list: _____

Additional information:

NOTE: Access to update Names, Addresses, Phone #s and Email will be granted only upon completion of Demographics training or with the receipt of a completed waiver.

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

APPROVING SIGNATURES

Appropriate Security Classes and Comments:

1. Department Manager Date	2. Division Head/Budget Officer Date
3. Advancement Signatory Date <i>Mary Lewis, University Advancement (fax: 12600)</i>	4. AIS (fax: 17998) Date

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