

ADDITIONAL / MISCELLANEOUS BANNER ACCESS REQUEST

Rev: 063017

USI	ER INFORMATION					
DEPARTMENT:		E	EMPLOYEE POSITION IS: NON-BENEFITED BENEFITED			
NAM	E:		DU ID#:	PHONE:		
EMAIL ADDRESS:			USERNAME:			
JOB	TITLE:					
Plea	ase answer the questions belo	w:				
1.	Do you need reset passcode ☐ Yes ☐ No	s?				
2.	_	Do you need to view/update Event Management? □ View				
3.	Do you need to view Cognos Reports? Please indicate which reports you need to view in the "Additional Information" section below. ☐ Yes ☐ No					
Addi	itional information:					
Form	n Prepared By:		_ Preparer's Phone:	Fax:		
	PROVING SIGNATURES					
Con	nments:					
Арр	propriate Security Classes:					
1. [Department Manager	Date	2. Division Head/Budge	et Officer	Date	
	Banner General Signatory Venguo Edmans, Office of the Registrar	Date	4. IT Enterprise Applica	ation Services	Date	