REINSTATE ALL
BANNER ACCESS REQUEST

Rev: 080615

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

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