



USER INFORMATION

DEPARTMENT: _____ EMPLOYEE POSITION IS: NON-BENEFITED BENEFITED
NAME: _____ DU ID#: _____ PHONE: _____
EMAIL ADDRESS: _____ USERNAME: _____
JOB TITLE: _____

Please answer the questions below:

1. Do you need to view?
 Accounts Receivable Information
2. Do you need to update?
 Contracts, Installments
 Payments, Tuition, Fees
 Exemptions, Contracts, Installments
3. Do you need to view Cognos Reports?
 Internal Student Financial Services Reports

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 Accounts Receivable Signatory Date 4. Enterprise Application Services Date
Carole Eigsti, Bursar's Office email eas@du.edu

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