



# FINANCIAL AID MODULE BANNER ACCESS REQUEST

Rev: 01052026

## USER INFORMATION

DEPARTMENT: \_\_\_\_\_ EMPLOYEE POSITION IS: ☐ NON-BENEFITED ☐ BENEFITED

NAME: \_\_\_\_\_ DU ID#: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ USERNAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

### Please, check appropriate boxes below:

1. View financial aid information:

☐ YES ☐ NO

2. Access to financial aid reports:

☐ YES ☐ NO

College: \_\_\_\_\_ Level: \_\_\_\_\_

3. Submit awards for students:

☐ YES ☐ NO

If yes, please indicate fund codes in the box below.

4. Work Award Supervisor:

☐ YES ☐ NO

## PLEASE LIST FUND CODES Attach a separate sheet if necessary)

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. Financial Aid Signatory

Date

*Brandon Artley, Office of Financial Aid*

4. IT – EAS

Email [eas@du.edu](mailto:eas@du.edu)

Date

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