



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

4. IT – EAS

Date

Brandon Artley, Office of Financial Aid

Email eas@du.edu

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