



Banner Training/Access Request Form

To be completed by requesting user

Instructions:

- Complete the Personal Data section. (FERPA guidelines can be reviewed at www.usu.edu/registrar/banner/FERPA.cfm).
- Have your Supervisor or HR representative complete the SSB Training and/or INB Access Request sections as applicable.
- Sign and date the form (user and supervisor).
- Links to training classes, registration, and materials can be found at <http://www.usu.edu/banner/> (Training & Registration).
- Bring your original form to the training class(es) to obtain trainers' signatures.
- Deliver signed request form to the applicable module security custodians to request security profile activation.
- Access will not be activated until approvals are obtained. You will receive email confirmations as access is granted.
- For additional help: Refer to the Banner Website (<http://www.usu.edu/banner/>) or contact Liz Kefauver, ext 7-5477.

Personal Data:

Last Name: _____ First Name: _____ MI: _____
 Email Address: _____ Phone: _____
 Department: _____ Birth Date: _____
 Employee ID (A number): _____ SSN (last four digits): _____

By signing this form I understand the Banner system contains personal information protected by the Federal Privacy Act of 1974 (FERPA). Violation of this Act can possibly result in criminal and civil penalties.

User's Signature: _____ Date: _____

To be completed by requestor's supervisor

(ACCESS) SSB Training:

Your user ID will be your assigned Banner A number which can be obtained at <http://www.usu.edu/banner/ID>.
 Your initial password will be your birth date (MMDDYY).

Class(es): _____ Trainer's Signature & Date Completed: _____

INB Training / Access Request:

Your user name will be FIRSTNAME_LASTNAME. Your initial password will be A followed by your SSN. Supervision has identified persons requiring this access. Please contact them to verify whether you need this clearance and what specific profile security(s) you require. See <http://www.usu.edu/banner/> (Training & Registration) for more information.

Class(es): _____ Trainer's Signature & Date Completed: _____

Additional Security Requested: _____

Employee's Job Title: _____

Supervisor's Approval: _____ Date: _____

Authorization Block:

<u>Module Team Lead Approvals:</u>	<u>Signature</u>	<u>Date</u>	<u>Activation Date</u>
Finance: _____	_____	Date: _____	Date: _____
<input type="checkbox"/> Finance Query <input type="checkbox"/> Create Requisitions <input type="checkbox"/> Approve Requisitions <input type="checkbox"/> Research Accounting <input type="checkbox"/> P-Card			
Financial Aid: _____	_____	Date: _____	Date: _____
Human Resources: _____	_____	Date: _____	Date: _____
Student: _____	_____	Date: _____	Date: _____
<input type="checkbox"/> Advisor <input type="checkbox"/> Faculty			

(NCS) Account Completed: _____ Date: _____

Module Security use only