Clear Form

Banner Administrative Module

Authorization Request

The purpose of this form is to request privileges to query and/or update information in forms in the Banner system. This form should be completed by an individual seeking Banner privileges and should be reviewed and signed by all appropriate persons. After all signatures have been obtained, the form should be forwarded to Computing Services.

Request Type

END USER

☐**New User**
☐**Existing User** – *Profile Change*
☐**Existing User –** *Delete Profile*

DATA CUSTODIAN

☐**New Data Custodian** – *New User*
☐**New Data Custodian** – *Existing User*
☐**Existing Data Custodian** – *Remove Privilege*

User Information

** If *Requesting Profile Change or Removal list Current User ID:* _____

Name: _____ _____ _____
First Middle Last

Department: _____ Phone: _____
MVSU ID #: _____ Email Address: _____

Requested Access List Classes, Forms and ORG codes with desired Access (Update / Query /Revoke)indicated

Class	Access	Additional Forms or Processes	Access	Organization Codes	Access

Signoff and Approvals:

As an individual whose position requires interaction with any or all of the University's administrative information systems, I may be provided with direct access to confidential and valuable data and/or use of data systems. In the interest of maintaining the integrity of these systems and of ensuring the security and proper use of University resources, I will maintain the confidentiality of my password for all systems to which I have access. I will maintain in strictest confidence the data to which I have access. Any confidential information will not be shared in any manner with others who are not authorized to view such data. I will use my access to the University's systems for the sole purpose of conducting official business of the University. I understand that the use of these systems and their data for personal purposes is prohibited. I understand that any abuse of access to the University's systems and their data, any illegal use of copying of software, any misuse of the University's equipment may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with the University Policy on Adherence to University Policy.

I understand that this LOGON ID gives me access to administrative computing resources for my exclusive use and support of my work as an employee of or contractor to the Mississippi Valley State University. I understand that this access is controlled by my password. I take responsibility for changing my password on a regular basis and for maintaining the secrecy of my password. I understand that I am responsible for anything done on administrative computing resources with my LOGON ID. I take responsibility for maintaining the confidentiality of University information.

I have read the above in addition to the Mississippi Valley State University Information System Appropriate Use Policy and agree to comply
User Signature: _____ ***Date:*** _____
I assure that I understand the duties of the person requesting access, and that his/her job duties require him/her to access the requested functions and populations
Supervisor Approval: _____ ***Date:*** _____
I assure that the supervisor has reviewed the duties of the person requesting access and agree that the job duties require the requestor to access these functions and populations.
Dean/Director Approval: _____ ***Date:*** _____
I assure that I have reviewed that above information and that the request appears to be in-line with the duties of the person making the request.
Data Custodian Approval: _____ ***Date:*** _____

ACS Use

This request has been ☐Approved ☐Denied ☐Completed
User ID: _____ Completed by: _____ Date: _____ System: _____