✦ ORU

ORAL ROBERTS UNIVERSITY

REQUEST FOR NEW NOVELL/EMAIL AND BANNER USER ID

Information Technology Department

Request date:

I.T. Department FAX #: x6312

☐ New employee ☐ Transfer   Department Transferring from

*Name:
  First   Middle Initial   Last

*Z#:   Position Title:

*Department: Office Location: Phone:

*Dept. Head Signature: _____ Phone: _____

*_Required fields_

Required for Banner access: *To be completed by the employee's manager or department head. Please check one access option.*

Please give this employee the same access as:

_____ _____ or _____
Name of employee with existing Banner access   Banner user name   Banner security class

I understand that the access I am requesting may contain information that is protected by the Family Education Rights and Privacy Act. (FERPA). I also understand that disclosure to unauthorized parties is a violation of FERPA. When accessing the Banner system, I must only access information needed to complete my assigned task. This information may only be communicated to authorized parties in accordance with the provisions of FERPA.

I agree to maintain the confidentiality of my password and to use my access to ORM information for authorized purposes only.

Name: Date: _____
      Please print

Signature: _____

For I.T. Dept. Use:

Novell Login: _____ Banner User ID: _____

Email Address: _____

Password for Novell/Group/Wise and Banner (if requested) will be: _____

Pidm: _____ Completed by I.T. : _____ , _____

REV 10/07