

REQUEST FOR NEW NOVELL/EMAIL AND BANNER USER ID

Information Technology Department

Request date:	I.T. Department FAX #: x6312
☐ New employee ☐ Transfer Department Trans	ferring from
*Name: First Middle I	Initial Last
*Z#:	Position Title:
*Department:	Office Location: Phone:
*Dept. Head Signature: *Required fields	Phone:
Required for Banner access: To be completed by the e	employee's manager or department head. Please check one access option.
Name of employee with existing Banner access Banner	er user name Or Banner security class
the Family Education Rights and Privacy A unauthorized parties is a violation of FER only access information needed to comple	ing may contain information that is protected by Act. (FERPA). I also understand that disclosure to PA. When accessing the Banner system, I must te my assigned task. This information may only accordance with the provisions of FERPA.
I agree to maintain the confidentiality of information for authorized purposes only	f my password and to use my access to ORM y.
Name: Please print	Date:
Signature:	
For I.T. Dept. Use:	
Novell Login:	Banner User ID:
Email Address:	
Password for Novell/Group/Wise and Banner (if reque	ested) will be:
Pidm:	Completed by I.T. :,