



# Banner Advancement Account Request Form

ITD (Information Technology Division) Use Only User ID \_\_\_\_\_

1. \_\_\_\_\_ MTSU ID#: \_\_\_\_\_  
Last Name (print) First Name Middle

2. Department: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

4. My status (check one): Staff Faculty Administrator Student Other

5. This is a request to: Create a new account  
Modify my account (account name \_\_\_\_\_)  
Remove an account (account name \_\_\_\_\_)

6. I need Banner access in order to: \_\_\_\_\_  
\_\_\_\_\_

7. **Acknowledgement of Confidentiality:** I certify that the accounts assigned will be used only for legitimate MTSU business and that confidential information will not be released to any person who does not have a legitimate educational or business interest. I understand that these accounts will be used in accordance with MTSU policy, including, but not limited to, MTSU Policy I:03:05 (Privacy of Information), MTSU Policy I:03:03 (Information Technology Resources Policy)\*\*, Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), as well as State and Federal statutes. I will exercise great care when dealing with sensitive information including, but not limited to, social security number, birth date, insurance or patient identifiers, credit card information, etc.

*\*\*More information on ITD polices and Procedures may be found at <http://www.mtsu.edu/~itd/policies>.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

8. **Authorization:** As departmental representative, I approve the access requested above. If the requestor of this account leaves this department and/or severs ties with MTSU, I will notify ITD to modify or remove the account as appropriate.

\_\_\_\_\_  
Signature of Immediate Supervisor Date Phone

## 9. Route to the Director of Advancement Services, Box 109.

Banner Security Profile: \_\_\_\_\_

Exceptions to Profile: \_\_\_\_\_

Director of Advancement Services: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer Certification: \_\_\_\_\_ Date: \_\_\_\_\_

### ITD USE ONLY

Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting Access Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

Notified by: \_\_\_\_\_ Date: \_\_\_\_\_