University of South Alabama – Banner Advancement Security Form

1. General Person (User) Information

Last Name: [   ]   First Name: [   ]   Middle Initial: [ ]

Department: [   ]   Position/Title: [   ]   Phone: [   ]

E-mail: [   ]   J-Number: [   ]   Fax: [   ]

DOB: [   ]

2. Select Type of Security Access Being Requested

☐ Request General Access to Banner Advancement

☐ Change Roles

☐ Delete All Access to Banner Advancement

Business Office Use Only			
Oracle ID:		By:	
FOMPROF:		By:	
Term. Date:		By:	

3. General System Access Information

Do you currently have a Banner Login name?   ☐ Yes   ☐ No   If "Yes" Enter Name: [   ]

4. Banner Advancement Role Access

_____USA_ALUDEV_CHR	(Dev Cashier)	_____USA_ALUDEV_VIEW	(Dev View Only)
_____USA_ALUDEV_DESG	(Dev adadesg)	_____USA_ALUMMED_RPTS	(Med Dev Reports)
_____USA_ALUDEV_FULL_VIEW	(Dev View + Reports)	_____USA_ALUMNI_MAN	(Alumni Manager)
_____USA_ALUDEV_MAN	(Dev Manager)	_____USA_ALUMNI_REPORT	(Alumni Reports)
_____USA_ALUDEV_PRCT	(Dev Prospect)	_____USA_ALUMNI_STU	(Alumni Student)
_____USA_ALUDEV_PROC	(Dev Gift Processor)	_____PAWS Advance. Officer	(PAWS Adv. Ofr.)
_____USA_ALUDEV_REPORT	(Dev Reports)	_____PAWS Moves Mgr.	(PAWS Moves Mgr.)
_____USA_ALUDEV_RESEARCH	(Dev Research)	_____Other_____	(Other)
_____USA_ALUDEV_STU	(Dev Student)	_____Other_____	(Other)
_____USA_ALUDEV_SUP	(Dev Supervisor)	_____Other_____	(Other)

Please Note: Student records are protected under the Family Educational Rights and Privacy Act of 1974, as amended. Students may view their records only with proper identification (University I.D. or driver's license). University officials with legitimate educational interest may view student records only through consent of the Senior Vice President of Academic Affairs.

5. User Responsibility Agreement and Approval

Before receiving access to university computing systems, you must read and agree to the following statement:

I understand that as part of my duties and responsibilities as an employee of the University of South Alabama, I may be given access to one or more administrative computer systems. The information contained in these systems may be of a private and confidential nature and I acknowledge it is my responsibility to maintain the privacy of these records.

Furthermore, I have read the Computer Center policy concerning security and understand all the requirements and guidelines stated therein. I understand I am responsible for NOT sharing any passwords to which I have access with any other individual and I will be held accountable for any invalid use of my user identification. I further acknowledge that my failure to follow these security guidelines will subject me to disciplinary action up to and including dismissal and possible legal action.

_____ _____ _____ _____
User's signature   Date   Department Head   Date

_____ _____ _____ _____
CSS Approval   Date   VP, Development/Alumni Relations Approval Date

USA