

Banner Student Account Request Form

ITD (Information Technology Division) Use Only UserID: _____

1. _____ MTSU ID#: _____
Last Name (print) First Name Middle
2. Department: _____ Phone: _____ Fax: _____
3. Job Title: _____ E-mail: _____
4. My status (check one): Staff Faculty Administrator Student Worker Graduate Assistant
 Other Explain: _____
 Temp Worker Start Date: _____ End Date: _____
5. This is a request to: Create a new account
 Modify my account (account name) _____
 Remove an account (account name) _____
6. **Explain, in specific detail, the reason Banner access is needed. A response of "to do my job" is NOT acceptable. (Attach additional pages if needed.)**

7. **Acknowledgement of Confidentiality:** I certify that the accounts assigned will be used only for legitimate, educational purposes, including MTSU academic and/or business operations, 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, **Policy 121** (Privacy of Information); **Policy 500** (Access to Education Records); **Policy 910** (Information Technology Resources); **Policy 960** (Access Control); Family Educational Rights and Privacy Act (FERPA); Health Insurance Portability and Accountability Act (HIPAA); and all other applicable MTSU Policies, as well as State and Federal statutes. I will exercise great care when dealing with sensitive information and/or Personal Identifying Information including, but not limited to: social security numbers; birth date; insurance or patient identifiers; student GPAs and grades; credit card information; and bank information. *Please complete the MTSU FERPA training at - mtsu.edu/ferpa*

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 create an ITD work order to remove the account.

Signature of Immediate Supervisor Date Phone

9. Route to the Associate Director, Enrollment Technical Services, Student Services and Admissions Center, Room 141.

Banner Security Profile: _____

Exceptions to Profile: _____

Associate Director of Records for Student Information: _____ Date: _____

Trainer Certification: _____ Date: _____

ITD USE ONLY

Implemented by: _____ Date: _____

Reporting Access Implemented by: _____ Date: _____

Notified by: _____ Date: _____