FINANCIAL AID MODULE
BANNER ACCESS REQUEST

Rev: 063017

USER INFORMATION

DEPARTMENT: _____ **EMPLOYEE POSITION IS:** ☐ **NON-BENEFITED** ☐ **BENEFITED**

NAME: _____ **DU ID#:** _____ **PHONE:** _____

EMAIL ADDRESS: _____ **USERNAME:** _____

JOB TITLE: _____

Please, check appropriate boxes below:

1. View financial aid information:

   ☐ YES ☐ NO

2. Access to financial aid reports:

   ☐ YES ☐ NO College: _____ Level: _____

3. Submit awards for students:

   ☐ YES ☐ NO If yes, please indicate fund codes in the box below.

4. Work Award Supervisor:

   ☐ YES ☐ NO

PLEASE LIST FUND CODES Attach a separate sheet if necessary)

Additional information:

_____

_____

)RUP 3UHSDUHG %\ BBBB