ADDITIONAL / MISCELLANEOUS
BANNER ACCESS REQUEST

Rev: 063017

USER INFORMATION

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

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

EMAIL ADDRESS: _____ **USERNAME:** _____

JOB TITLE: _____

Please answer the questions below:

1. Do you need reset passcodes?
   ☐ Yes
   ☐ No
2. Do you need to view/update Event Management?
   ☐ View
   ☐ Update
3. Do you need to view Cognos Reports?
   3OHDVH LQGLFDWH ZKLFK UHSRUWV \RX QHHG WR YLHZ LQ WKH Section below.
   ☐ Yes ☐ No

Additional information:

_____

_____

_____

)RUP 3UHSDUHG %\ BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB 3UHSDUHU¶V 3KR

After obtaining all required signatures, please submit this form to Information Technology - Enterprise Application Services for processing.