

Banner Finance Self Service Access Request Form

PLEASE RETURN TO CONTROLLER'S OFFICE, MB-201

Section 1 - To be Filled Out & Signed by Applicant

Last Name	First Name	Middle Initial	Date
Title	Home Dept	Phone	
Building & Room		IIT Email	
IIT CWID	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> PI		

Confidentiality Statement – Read Carefully and sign

By signing this application, I agree that I will not, outside of the performance of my duties access, print, copy or disclose to any party (IIT employee, IIT student, or anyone else) proprietary, confidential, and/or protected information, including proprietary licensed software residing on IIT computer systems. I also agree not to disclose to any party (IIT employee, IIT student, or anyone else) my access codes and/or passwords. I agree to treat as confidential all information to which I have been granted access.

I further agree to keep confidential any and all data or information, whether in electronic or printed format and to comply with the IIT Security Policy in accordance with the policies and procedures of IIT and any District, State, or Federal Laws. This includes the confidentiality of information concerning IIT's students, employees, vendors, and donors, as well as the University's proprietary information. The confidentiality of student records is defined in the provisions of The Family Educational Rights and Privacy Act - FERPA, as amended (20 U.S.C. 1232 (G)), and with the regulations issued there under by the U.S. Department of Education.

I understand that if I fail to abide by these conditions, my access to any and all IIT computer systems may be terminated and the disciplinary action, including possible termination of employment, may be instituted against me.

Applicant's Signature:

Date:

Section 2 - To be Filled Out & Signed by Departmental Banner Security Officer

Check if the person can approve invoices for payment

Check if the person should have access to Grant forms such as FRIGTD

Indicate the Organizations to which the applicant is to be granted access:

Organization Name	Organization Number	Organization Name	Organization Number

If further delineation by fund is necessary, please indicate the funds this person should have access to on the following page.

Name of Approver	Approver Email
Approver's Title	Approver Phone
Signature	Date

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Section 3 - Additional Fund Information <i>(only to be completed if delineating specific Funds)</i>			
Last Name	First Name	Middle Initial	Date
If you wish further delineation please indicate the funds to which the applicant is to be granted access:			
<i>Fund Name</i>	<i>Fund Number</i>	<i>Fund Name</i>	<i>Fund Number</i>
Name of Approver	Approver Email		
Approver's Title	Approver Phone		
Signature	Date		