

## AUB Banner User Access Request Form

Please complete and print this form, obtain necessary approvals and send Scanned copy by email to Zaher Bu Daher zb09@aub.edu.lb

### Section 1 - User information

Request Date\*:

This is a request for:     New Access                       Change Access                       Terminate Access

Existing Banner ID:

Last Name\*: \_\_\_\_\_ Email\*: \_\_\_\_\_ @aub.edu.lb

First Name\*:

Department: \_\_\_\_\_

Title: \_\_\_\_\_

### Section 2 - Forms & Permissions

Form /Role Name	Table Name	Permissions		Access	
		Read Only	Read/Write	Add	Remove
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3 - Approval

I, the undersigned, agree to resubmit this form requesting access be removed should my job responsibilities change so that access to the above responsibilities/information is no longer needed.

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, approve the applicant's request and access level for all responsibilities selected above. I further understand that one or more of these responsibilities may grant the user access to protected information needed to perform his/her job duties. Should the user's job responsibilities change so that access to this information is no longer needed, I agree to resubmit this form requesting access be removed.

Manager's Name + Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Data Custodian

Admission&Financial Aid	Registrar	Comptroller	Development
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Verified By name and Signature Zaher Bu Daher Date: \_\_\_\_\_

Approved By name and Signature Bradley Jon Tucker, Registrar Date: \_\_\_\_\_