



# Banner Account Request Form

## Student Enrolment & Registrar Services - Student Information System

An Introduction to Banner video is available [here](#). If you require further assistance, please email [sis.support@uleth.ca](mailto:sis.support@uleth.ca). Please include your name, title and the department in your email.

### TO BE COMPLETED BY SUPERVISOR:

<b>Section A: Employee's Information</b>		
Last Name: _____	First Name: _____	Init: _____
ID Number: _____	Email: _____	
Department: _____	Position: _____	
Phone #: _____		
<b>If you are replacing someone, please provide the following information about that person.</b>		
Name: _____	ID: _____	

### Section B: Access Requirements

#### Type of Access Requested:

- New Access  Change Existing Access

Please check the User Group or role access for which the employee should have the appropriate authorization:

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Department<br><input type="checkbox"/> Advisor<br><input type="checkbox"/> Bookstore<br><input type="checkbox"/> Career & Co-op Services<br><input type="checkbox"/> Housing<br><input type="checkbox"/> International Centre<br><input type="checkbox"/> Institutional Analysis<br><input type="checkbox"/> Library<br><input type="checkbox"/> Research Services<br><input type="checkbox"/> Security Services<br><input type="checkbox"/> School of Graduate Studies<br><input type="checkbox"/> Sport and Recreation Services<br><input type="checkbox"/> Other – please specify: _____ | <b>Student Enrolment &amp; Registrar Services:</b><br><input type="checkbox"/> Academic Timetabling<br><input type="checkbox"/> Admin Assistant to the Registrar<br><input type="checkbox"/> Admissions<br><input type="checkbox"/> Curriculum<br><input type="checkbox"/> Enrolment Services<br><input type="checkbox"/> Information Centre<br><input type="checkbox"/> Records & Registration<br><input type="checkbox"/> Student Mentor<br><input type="checkbox"/> Transfer<br><br><b>Student Services:</b><br><input type="checkbox"/> Accommodated Learning Centre<br><input type="checkbox"/> Counselling & Career Services<br><input type="checkbox"/> Indigenous Student Affairs<br><input type="checkbox"/> Health Centre<br><input type="checkbox"/> Scholarships & Student Finance |
|---|--|

**SECTION C: Supervisor/Dept. Head Authorization & Approval**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION D: Employee Declaration**

I, the undersigned, confirm that I have read the *Acceptable Use of Computing, Information and Technology Resources*. I will abide by its terms, and understand that the penalty for abuse of my computer access privileges may include the forfeiture of those privileges.

I confirm that I have read and agree to abide by the terms of the *Confidentiality of Student Records Policy*. Furthermore, I agree not to release my access to my Oracle username and password to anyone without the express written permission of the Registrar.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION E: Student Enrolment & Registrar Services Authorization & Approval**

Registrar's Name: Natasha Buis Deering Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Asst. Registrar's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email completed form to [sis.support@uleth.ca](mailto:sis.support@uleth.ca)**