

Financial Aid Module Banner Security Form

Ursa security access is necessary in order to provide you access to any of the four integrated modules; STUDENT, FINANCIAL, PAYROLL/HR, FINANCIAL AID. This form is used specifically for FINANCIAL AID access

Complete this form for access to Banner FINANCIAL AID and fax to the Financial Aid office at 970.351.3737.

CLIENT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Bear Number: _____ Department: _____

Email address: _____ Phone Extension: _____

Employee Type: Faculty Staff TA/GA University Aide Student Employee

ACTION

- New User: If you do not have currently have Banner access
- Update User: If you currently have Banner access to the listed database
- Remove User: Employee leaving University/Department and no longer needs Banner access

DATABASE

- PRODUCTION TEST PRE-PRODUCTION QA

FINANCIAL AID NEEDS

Please indicate what information you need the FINANCIAL AID system access for:

GLOBAL BANNER FINANCIAL AID QUERY ACCESS CLASSES

- UNC_GEN_USER_ALL_C UNC_FAID_USER_ALL_C

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CLIENT SIGNATURE *(PLEASE REVIEW AND SIGN)*

I acknowledge that I have read the University of Northern Colorado procedures for the administration of the Family Education & Privacy Act at <http://www.registrar.unco.edu/Ferpa.htm> and the University of Northern Colorado Information Technology Procedures at <http://www.unco.edu/it/aboutit/computingproceduresindex.htm> and the University of Northern Colorado Ursa Data Standards at http://www.unco.edu/ursaunc/resources/data_standards.pdf. I further acknowledge that I understand my responsibilities as related to FERPA and to the Information Technology policies and understand that unauthorized release of student information is in violation of the FERPA policy and will necessitate the revocation of access to the University data. Violation of FERPA and Information Technology policies and any improper use of computer resources may result in disciplinary action up to and including termination.

Client Signature: _____ Date: _____

SUPERVISOR AUTHORIZATION *(PLEASE REVIEW AND SIGN)*

When you sign this request to grant access you assume the responsibility to provide training for the person receiving the authorization, to provide information about FERPA, to monitor the use of the information, to request the cancellation of access should the user resign or be terminated from his/her position, and authorize changes for login.

Supervisor Signature: _____ Date: _____

FINANCIAL AID DATA STEWARD APPROVAL

Signature: _____ Date: _____