Albany State University

# Banner Security Request Form

**INSTRUCTIONS**

**SECTION 1:** User requesting access completes Section 1, signs the Confidentiality Statement, obtain signature of your supervisor and HR. **A brief job description is required of the requestor to determine the need for access based on the current role and responsibilities.**

**SECTION 2**: Mark security levels and select role(s). **Signature is required of the business owner in charge of each specific area.**

**SECTION 3:** Signature of Dean and Assoc. Vice President of Enrollment services.

**SECTION 4:** Obtain approval signature of Vice Presidents.

**SECTION 5:** Completed by ITS.

## SECTION 1: Completed by person requesting access. **Bolded fields are required!**

**Request Type:** ☐New ☐Change (attach current access rights- ITS)
**Name:** **Phone Number:**
**Department:**
**Banner ID** (if you already have one):
**Job Title:**
**ASU Email:**
**Supervisor:**
**Supervisor Title:**
**Background Check:** ☐Yes ☐No
**Verified by:**

HR Representative

**Training Required:** ☐Yes ☐No

## CONFIDENTIALITY STATEMENT

A. Albany State University has compiled certain proprietary information about its students (hereinafter "Confidential Information") in an information system known as "Banner" (the "System").
B. Such Sensitive and/or Confidential Information are not public knowledge but it is proprietary and private.
C. Confidential Information is protected under a federal law known as the Family Educational Rights and Privacy act of 1974, as amended ("FERPA"), and persons may access such Sensitive and/or Confidential Information only in the legitimate educational interest of the student. I also acknowledge that there are additional federal laws as it relates to the protection of student information, e.g. HIPAA, Red Flags Rules, etc.
D. My job duties require that I have access to Sensitive and/or Confidential Information in the System. My signature on this document evidences that I understand the need to ensure that my personal and work activities do not violate the confidentiality of the Sensitive and / or Confidential Information, and that I safeguard the non-disclosure of this proprietary and private Information.
E. I agree as follows:
    1. **Definition of Confidential Information.** As used in this Agreement, the term "Confidential Information" means records which contain individually identifiable information about students (except information classified as directory information).
    2. **Training.** I will become familiar with, and will periodically review, the requirements imposed by FERPA, HIPAA, Red Flag Rules, and other as applicable by reviewing the information which is available to me. If I do not understand what is required of me under FERPA, HIPAA, Red Flag Rules, and others as applicable, I will ask my manager for further clarification.
    3. **Limited Information.** I agree that I will only access Sensitive and/or Confidential Information which I need to complete my assigned job duties.
    4. **Use of the Sensitive and/or Confidential Information.** I agree to use the Sensitive and/or Confidential Information only to perform my job duties. I will not make any personal copies of the proprietary and private information. I will not disclose these types of information to third parties or use this information for my own purposes.
    5. **Ownership of the Sensitive and/or Confidential Information.** All proprietary and private Information is and remains the property of Albany State University.
    6. **No access by others.** I will not share my ID or my PIN with any other person or party. In so doing I will be subject to disciplinary action, up to and including termination of my employment.
    7. **Consequences of Failing to Follow Regulatory and Compliance Requirements**. I understand and agree that failure to follow the requirements of FERPA, HIPAA, Red Flag Rules, and others as applicable can be grounds for disciplinary action, up to and including termination of my employment.
    8. **No Contract of Employment**. This acknowledgment will not be construed as a contract of employment.

Albany State University

**Requestor Signature** **Date**

☐ **I have read and acknowledged the Confidentiality Statement above and agree to abide by all applicable laws and restrictions that govern use to this enterprise system.**

☐ **I have attached a description of the functions I am assigned to perform and have indicated the access needed in Section 2.**

**Supervisor Signature** **Date**

My signature indicates that the security requested for the above listed person is appropriate for their job duties.

**SECTION 2:** Security Authorization –Please check modify or query and sign next to your module.

| **Banner Module** | **Access Type: M (Modify) Q (Query)** | **Signature & Date: (Business Owner)** |
|---|---|---|
| Recruit (SRARECR, SPAIDEN) | ☐**M** ☐**Q** | |
| Admissions (SAAADMS, SPAIDEN) | ☐**M** ☐**Q** | |
| Catalog (SCACRSE, SCADETL) | ☐**M** ☐**Q** | |
| Class Schedule (SSASECT) | ☐**M** ☐**Q** | |
| Facilities (Building) (SLABLDG) | ☐**M** ☐**Q** | |
| Registrar (SGASTDN, SFAREGS, SHATRNS) | ☐**M** ☐**Q** | |
| Housing | ☐**M** ☐**Q** | |
| Financial Aid (ROASMRY) | ☐**M** ☐**Q** | |
| Accounts Receivable (TSAAREV) | ☐**M** ☐**Q** | |
| Alumni (ADAGIFT) | ☐**M** ☐**Q** | |
| Deans & Chairs (SFAREGS, SFASLST) | ☐**M** ☐**Q** | |
| A/R Cashiering (TSASPAY) | ☐**M** ☐**Q** | |
| College Support (SGAADVR, SSASECT) | ☐**M** ☐**Q** | |
| **SECTION 3:** **Requires Signature of Dean and Assoc. VP for Enrollment Services** | Identify any possible "conflict of interest" that each role could possibly present. Also, ensure "segregation of duties" is clearly defined within the role. | |
| **SECTION 4:** **Requires Signature of the VP's** | | |
| VP of Academic Affairs | | |
| VP of ITS | | |
| VP of Fiscal Affairs | | |
| VP of Institutional Advancement | | |
| VP of Student Affairs | | |

**Section 5:** Completed by ITS

**Username:** _____

**Training Required:** _____

**Initial Password:** _____

**Ellucian– CBT access:** _____

https://udca.sungardhe.com/cp/home/displaylogin

**Changes completed by:** _____