

# BANNER Account Request Form

<b>Name</b> (printed):			
<b>MCTC ID#:</b>		<b>Phone #:</b>	
<b>MCTCNet Username:</b>		<b>Department:</b>	
<p>I have completed the Banner Fundamentals Computer Based Training and request that I be granted a <b>BANNER</b> account. I agree to keep this account secure, to not transfer access to any other individual or group and to treat the information to which it has access in a confidential manner and on a need-to-know basis. I further understand that all usage and information stored in this account remains the property of MCTC and that this account shall only be used to conduct the business of the College. I also agree that, should I not be available, my department head can obtain access to my account by requesting such access, in writing, from Information Services. I further agree that I have read and understand both the IT Acceptable Use Policy and the Information Security Policy.</p> <p>I understand Banner basic navigation, how to log in/out of Banner, how the system is organized with menus and forms, the naming and parts of a form, and how to search for records. I understand that I will be granted query and/or update privileges to Banner forms based on my job function. I also understand that, depending on my job function, I may need to enroll in additional Banner training classes.</p>			
<input type="checkbox"/> My signed Confidentiality Agreement is on file with IS <input type="checkbox"/> I have attached a signed Confidentiality Agreement			
<b>Requestor's Signature:</b>		<b>Date:</b>	

<b>To be approved by the Supervisor of the Account Applicant:</b>			
<p>I request that a Banner account be created for the above-named person. Should the status of this individual change (e.g. termination, transfer to another department, etc.), I agree to notify the Information Services, in writing, to have access to the applications and services for this account modified or to have the account deactivated. I further agree that my department shall be held responsible for any charges incurred by this account.</p>			
<b>Supervisor Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

**Questions about this form should be directed to Information Services at 710-3472.**  
After completing this form, please forward to the office of Information Services.