



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. Please include your name, title and the department in your email.

TO BE COMPLETED BY SUPERVISOR:

Section A: Employee's Information		
Last Name: _____	First Name: _____	Init: _____
ID Number: _____	Email: _____	
Department: _____	Position: _____	
Phone #: _____		
If you are replacing someone, please provide the following information about that person.		
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
<input type="checkbox"/> Advisor
<input type="checkbox"/> Bookstore
<input type="checkbox"/> Career & Co-op Services
<input type="checkbox"/> Housing
<input type="checkbox"/> International Centre
<input type="checkbox"/> Institutional Analysis
<input type="checkbox"/> Library
<input type="checkbox"/> Research Services
<input type="checkbox"/> Security Services
<input type="checkbox"/> School of Graduate Studies
<input type="checkbox"/> Sport and Recreation Services
<input type="checkbox"/> Other – please specify: _____ | Student Enrolment & Registrar Services:
<input type="checkbox"/> Academic Timetabling
<input type="checkbox"/> Admin Assistant to the Registrar
<input type="checkbox"/> Admissions
<input type="checkbox"/> Curriculum
<input type="checkbox"/> Enrolment Services
<input type="checkbox"/> Information Centre
<input type="checkbox"/> Records & Registration
<input type="checkbox"/> Student Mentor
<input type="checkbox"/> Transfer

Student Services:
<input type="checkbox"/> Accommodated Learning Centre
<input type="checkbox"/> Counselling & Career Services
<input type="checkbox"/> Indigenous Student Affairs
<input type="checkbox"/> Health Centre
<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: Marni Morton Signature: _____ Date: _____

Please email completed form to sis.support@uleth.ca