

BannerTM Social Security Access Request Form

This form will be used to evaluate requests by individuals who are employed in departments that need access to Social Security Numbers in Banner in order to conduct day-to-day business.

Department Name: _____

I am approving the following full-time employees in the designated department to have access to Social Security Numbers in Banner. Their names are listed on page 2.

_____ There are no exceptions; all full-time employees in this department need access. They are listed on the second page.

OR

_____ Only specified full-time employees listed on the second page need access.

I accept the responsibility of authorizing access to Social Security Numbers for my department in the Banner Information System and understand that an employee's access to Social Security Numbers may be revoked if their account is associated with a data privacy violations.

Signed

Date

Print Name

Department

Approved

Print Name

Once approved with manual signatures please scan and email back to Itservicedesk@marshall.edu.

Banner™ Social Security Access Request Form - continued

Please add more lines if needed

Full Name	Banner User ID
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 _____	_____
15 _____	_____
16 _____	_____
17 _____	_____
18 _____	_____
19 _____	_____
20 _____	_____