

MUINFO ACCOUNT REQUEST FORM

Name (Last, First, Middle Initial): _____

MU ID Number: _____

Check all that apply: Banner R25 AMS MURC Banner

I have completed Banner Basic Navigation Training and request that I be granted an MUINFO 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 Marshall University and that this account shall only be used to conduct the business of the University. 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 the University Computing Services. I further agree that I have read and understand the Computer Use and Abuse Policy located at: <http://www.marshall.edu/ucs/CS/acptuse.asp>. 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.

Signature: _____

Date: _____

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(not required for R25 or AMS access)

To be approved by the Banner Trainer:

I certify that the above-named person has completed a Basic Navigation training course and should be granted an MUINFO account.

Trainer's Signature: _____

Date: _____

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To be approved by the Supervisor of the Account Applicant:

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 University Computing 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.

Supervisor's Name: _____

Supervisor's Signature: _____

Date: _____

Complete and sign form; obtain proper signatures; submit to Computing Services.