

REQUEST FOR BANNER SSN ACCESS

NAME: _____ EMAIL: _____

TITLE: _____ PHONE: _____

DEPT: _____ SUID: _____

PLEASE EXPLAIN THE REASON FOR SSN ACCESS:

- _____ Generate New Banner Records
- _____ Work in Financial Aid
- _____ Work in Human Resources or Payroll
- _____ Other (Explain Below)

This Request for Banner SSN Access agreement is an addendum to the CONFIDENTIALITY-SECURITY AGREEMENT as I signed earlier, and any data made available to me as requested and authorized below will be used according to the terms and conditions of that agreement.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

VP / DEAN SIGNATURE: _____ DATE: _____

HR DIRECTOR SIGNATURE: _____ DATE: _____

All signatures are required. Incomplete information will cause the form to be returned.

Please forward completed form to Steve Smith, Brooks Hall, Room 310,

email to ssmith11@samford.edu or fax to x2524

For Technology Services Only:

SSN Security Updated: _____ DATE: _____