Banner Financial Aid Account Request Form

ETSU Office of Information Technology
424 Roy Nicks Hall, Box 70728
Johnson City, Tennessee 37614
(423) 439-4648 • oithelp@etsu.edu

This section for use by the Office of Information Technology

Application Number	_____
Applicant Name	_____
Date Received	_____

Section 1. Personal Information. **To process your request, all information in this section must be completed. Please print or type.**

Name _____
[last] [first] [middle]

ETSU Domain Name _____@etsu.edu
E# _____
ETSU Phone Number _____
Supervisor _____

School / College _____
Department / Office _____
Campus Box Number _____
Budget Number _____

☐ Faculty
☐ New Employee: start date - ____ / ____ / ____
☐ Staff
☐ Temporary Employee: end of contract - ____ / ____ / ____

☐ I am a regular, full-time employee requesting a departmental account, to be administered by me.

Section 2. Financial Aid role needed.
Temporary employees must use a departmental account, requested by a regular employee, to access these applications.

☐ Financial Aid Master (FA_MASTER)	☐ Financial Aid Processors (FA_PROC)
☐ Financial Aid Client Services (FA_CLSERV)	☐ Financial Aid COM/COP (FA_COMCOP)
☐ Financial Aid Scholarships (FA_SCHOL)	☐ Bursar (FA_BURSAR)
☐ Bursar – Perkins (FA_BURSPERK)	☐ Bursar – R2T4 (FA_BURSR2T4)
☐ Query All (FA_QUERY)	☐ Foundation (FA_FOUND)
☐ Advancement (FA_ADVC)	☐ Support Services (FA_SUPSRV)
☐ Financial Aid Academic Advisor (FA_ACADADV)	☐

Section 3. Responsibilities and Approvals.

I understand that data integrity is my responsibility and have read and agree to abide by the Data Standards Data Entry Guidelines, found at **http://www.etsu.edu/banner/documents/ETSU_Data_Standards_Doc_V3-3_for_Web-Revised.doc.**
I agree to abide by the ETSU Computer Resource Code of Ethics, found at **http://www.etsu.edu/oit/ppp/policies/ethics.asp** and further agree that accessing ETSU computing resources and using my assigned user identification and/or password gives ETSU permission to review, by any method it deems appropriate, any and all material I store on any system owned, operated and/or maintained by ETSU in order to protect the integrity and security of the system.

signature of applicant	Date	signature of department head, budget supervisor or faculty advisor (if same as applicant, use immediate supervisor)	Date	printed name of department head, budget supervisor or faculty advisor (if same as applicant, use immediate supervisor)

Section 4. Financial Aid use only.

Request has been reviewed and approved by the Financial Aid Data Custodian, Box 70722.

_____ _____
signature of Financial Aid Data Custodian Date