

University of Arkansas at Little Rock
Authorization for
Banner Production Database Access
General



Banner2000 is a comprehensive relational database system containing administrative information about UALR. Contained with the system are Student, Employee, Alumni, and Finance information. Because some of these data are sensitive and protected by privacy laws, every effort is made to ensure their integrity.

A prescribed training track is required for access to each module. All users are required to complete Banner Navigation before any other on-line training on using the Banner system.

1. Complete identification section:

Name: _____ Username: _____

Identification Number: _____ Phone: _____

Email address: _____ Job Title: _____

Dept. Name: _____ Dept. Head/Supervisor Signature _____

2. Complete the recommended Banner2000 Training Track:
Windows 95/NT, **Introduction to Banner** (*required*), Microsoft Office Suite, and **Functional Training** (*required*).

Navigation Completed: _____ Verification: _____
Date Signature of Trainer

3. How do you foresee using Banner access for your job?

4. **USER AFFIDAVIT:** I am aware of my responsibilities to protect the confidentiality of information regarding faculty, staff, students, constituents and donors and agree to use information for carrying out official duties and responsibilities of my position with the University of Arkansas at Little Rock ONLY. I have read, do understand, and will comply with Code of Responsibility for Security and Confidentiality of Records, Files, and Databases.

Signature

Date

General Access Security Classes

Please indicate access class(es) desired:

Finance

Inquiry

New Replace Add No Change Remove

_____ **Effective Date**

Fund Code		Organization Code	
1.	5.	1.	5.
2.	6.	2.	6.
3.	7.	3.	7.
4.	8.	4.	8.

Online COA tutorial completed _____ Date Verification: _____ Signature

Online Budget Inquiry tutorial completed _____ Date Verification: _____ Signature

Human Resources

Inquiry

New Replace Add No Change Remove

_____ **Effective Date**

Organization Number			
1.	5.	9.	13.
2.	6.	10.	14.
3.	7.	11.	15.
4.	8.	12.	16.

HR Inquiry Training Completed: _____ Date Verification: _____ Signature of Trainer

Student

Inquiry

Advising

New Replace Add No Change Remove

_____ **Effective Date**

Student Inquiry Training Completed: _____ Date Verification: _____ Signature of Trainer