Request for WyoCourses/Banner Access

*Please print this form and then follow directions at the bottom of page.*

|  |
| --- |
| Name:       First Name, Middle Initial (Be sure to include), Last Name |
| W ID or Employee #       | HR Position #:       |
| College/Div:       | Department:       |
| Telephone:       | Email Addr:       |
| Title:       | Are you a student employee? Yes [ ]  No [ ]  |
| Supervisor’s Name:       |
| Did your predecessor have access to Banner/WyoWeb? Yes [ ]  No [ ]  If yes, please provide predecessor’s name:       |

Are you: Faculty/Adviser [ ]  Staff [ ]  TA/GA [ ]

Anticipated use of the System (Staff only; please be specific)

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

**Responsibility for Security and Confidentiality of Records**

Each person working with Banner and/or WyoWeb holds a position of trust and must recognize the responsibility of preserving the security and confidentiality of the information. Since a person’s conduct either on or off the job may threaten the security and confidentiality of the information, any employee or person with authorized access to the system is expected to:

1. keep personal passwords private. Passwords are **not** to be written down or shared with others;
2. always sign off your terminal when leaving the immediate area;
3. not allow any operator to use a terminal that has been signed on under any other operator’s user ID and password;
4. not access information out of curiosity nor personal interest;
5. not access information for employment purposes without the written consent of the applicant;
6. not seek personal benefit or permit others to benefit personally by any confidential information that has come to him or her through any work assignments;
7. not exhibit or divulge the contents or any record or report to any person except in the conduct of a regular work assignment;
8. not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry;
9. not remove any official record or report (or copy thereof) from the office where it is kept except in performance of regular duties or in cases with prior approval;
10. not operate or request others to operate any university data equipment for purely personal business;
11. not aid, abet or act in conspiracy with any other person to violate any part of this code;
12. report any violation of this code to the supervisor immediately.

Violation of this code may lead to suspension, dismissal and/or legal action, consistent with general university policies and federal laws. For clarification and further detail on specific questions, please contact the Registrar at 766-5724.

*By signing this form, I indicate that I have read and understand the above and agree to abide by the above standards.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

Once completed, this form should be sent to the Office of the Registrar, West Wing, Knight Hall or FAXed to the office at 766-3960. Please allow at least one week for processing of your request.