

## CERTIFICATION OF FERPA TRAINING AND REQUEST FOR ACCESS TO BANNER

EMPLOYEE LAST NAME:	EMPLOYEE FIRST NAME:	EMPLOYEE MIDDLE NAME:
TITLE:	ULV E-MAIL ADDRESS:	DATE OF REQUEST:
DEPARTMENT:	PHONE/EXT.:	SUPERVISOR/DEPT.CHAIR:
TRAINING REQUESTED: <input type="checkbox"/> BANNER NAVIGATION <input type="checkbox"/> FERPA		SUPERVISOR/DEPT.CHAIR SIGNATURE:
PLEASE CHECK ALL THAT APPLY: <input type="checkbox"/> FULL-TIME FACULTY <input type="checkbox"/> PERMANENT STAFF <input type="checkbox"/> ADVISOR <input type="checkbox"/> PART-TIME FACULTY <input type="checkbox"/> TEMPORARY STAFF <input type="checkbox"/> CONSULTANT		

### FERPA TRAINING

I have received information regarding ULV's policy on the Family Educational Rights and Privacy Act and I agree to abide by all its provisions. I understand that any data which are identifiable with students, faculty, staff or alumni may not be divulged to any other party, inside or outside the institution, unless the receiving party is authorized to use these data. Among other restrictions, information on students may not be divulged to parents/spouses/guardians/friends without the written consent of the student. I further understand that a violation of this policy may lead to reprimand, suspension, dismissal or other disciplinary action, consistent with general policies of the university.

SIGNATURE OF EMPLOYEE/DATE:	SIGNATURE OF FERPA TRAINER/DATE:
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### BANNER NAVIGATION TRAINING

REQUESTED ROLE IN BANNER:	LIST THE NAME OF ONE OTHER EMPLOYEE WHOSE DUTIES CLOSELY RESEMBLE YOURS:
REQUESTED CLASS IN BANNER:	

I have received training on navigation within the Banner system. I understand that upon receipt of my initial password I will be required to immediately create a new password. Additionally, this password will need to be changed every 120 days. Further, I understand that I may not divulge my password to another individual. A violation of this policy may lead to reprimand, suspension, dismissal or other disciplinary action, consistent with general policies of the university.

SIGNATURE OF EMPLOYEE/DATE:	SIGNATURE OF BANNER TRAINER/DATE:
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### FOR OIT USE ONLY

ROLE GRANTED:	CLASS GRANTED:
SIGNATURE OF DBA:	DATE: