

**University of Alaska Fairbanks**  
**Accounts Receivable Security Access Request**

**NOTE: Before A/R access will be granted you must complete FERPA training and attach the certificate <http://distance.uaf.edu/ferpa/ferpa.html>**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Employee ID #: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
Position: \_\_\_\_\_ Email: \_\_\_\_\_  
Department Name: \_\_\_\_\_ Department Phone #: \_\_\_\_\_

**Type of Request:**

\_\_\_\_\_ New User  
\_\_\_\_\_ Change  
\_\_\_\_\_ Termination

**Requesting User:**

\_\_\_\_\_ Faculty  
\_\_\_\_\_ Staff  
\_\_\_\_\_ Student

**Access requested:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that my employment with the University of Alaska requires Banner Accounts Receivable access, and that I have taken all required training, including FERPA training. In consideration of my employment and the authorization to access financial information, I promise not to disclose or use any information obtained except as needed to perform my authorized duties for the university. I further promise to protect the security and confidentiality of the system and use by 3rd parties. I understand that my unauthorized use or disclosure of information, disclosure of my access ID or password, or information from unauthorized access or use by others, may result in disciplinary action up to and including termination of employment and/or prosecution.

*I have read and fully understand the above statement and shall comply with said statement and rules.*

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval (Printed Name) : \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

..... Business Office Use Only .....

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_



*UAF is an AA/EO employer and educational institution*