STUDENT DATA ACCESS REQUEST FORM

Please complete and return to Lori Fuller, 140c Education Building or harvey1@illinois.edu.

Name: _____ UIN: _____ Department: _____

NetID: _____ Employment Status: Faculty ☐ Staff ☐ Effective Date: _____

Reason for Request: _____

ACCESS REQUESTED - BANNER

Academic History	*Grade Change*
☐ Academic History Query	☐ Online Grade Changes:
☐ Academic Standing Maintenance EOT	☐ CI ☐ EPOL ☐ EPSY ☐ SPED ☐ EDUC
Admissions – Graduate ☐ Undergraduate ☐	*Recruiting and Admissions*
☐ Admissions Query	☐ Admissions Query
☐ Basic Admissions Query	☐ Admissions Rating Maintenance
Basic Student Information	*General Person*
☐ Basic Student Query	☐ General Person Query
General Learner and Registration	*Schedule*
☐ Assign Adviser to Student	☐ Schedule Query
☐ Attribute Maintenance	☐ Schedule Maintenance (UIUC), Dept(s):
☐ College Academic Standing Override/Max Hour Update	☐ CI ☐ EPOL ☐ EPSY ☐ SPED ☐ EDUC
☐ College Curriculum Changes	☐ Faculty Assignment
☐ Designate Advisor	*Finance/HR Users*
☐ General Learner and Registration Query	☐ General Person Query – Finance User
☐ Hold Maintenance: ☐ 10KN/DA (grad) ☐ 10CO/CA (ug)	☐ Registration Query – HR User
☐ Registration Permission Override Maintenance, Dept(s):	*PNP/AP Access (freshmen test results)*
☐ CI ☐ EPOL ☐ EPSY ☐ SPED ☐ EDUC	☐ PNP Student Profile
Screen Name	*COAR*
☐ Banner Screen instead of a profile. List the screen(s):	☐ College OAR User
	Graduation Processing
	☐ Graduation Processing Maintenance

ACCESS REQUESTED – UACHIEVE

Degree Audits
☐ Encoder (undergraduate)
☐ Departmental Advisor: ☐ CI ☐ EPOL ☐ EPSY ☐ SPED ☐ ED ADMIN

ACCOUNT OWNER CERTIFICATION

☐ I have signed the Information Security Compliance Form. [1]
☐ I have completed FERPA training. [1]

Account Owner's Signature: _____ Date: _____

Unit Head or Designee Signature[2]: _____ Date: _____

[1] https://internal.education.illinois.edu/forms/security-access-request-forms
[2] If this Account Owner is terminated or transfers to another department, it is your responsibility to contact kstalter@illinois.edu to remove access.

COLLEGE OF EDUCATION AUTHORIZATION

Approved by: _____ Date: _____