North Georgia College & State University
Department of Information and Instructional Technology

Banner Account Application

Name: _____ _____ _____
(Last) (First) (M.I.)

NGCSU ID: (required)_____ Network ID: (required)_____

*If you don't have a Network ID you need to submit the **Faculty and Staff Network ID Application** first.*
You must have a NGCSU ID and a Network ID prior to obtaining a Banner Account.

Employment Status: Faculty [_____] Staff [_____] Student [_____]

I have completed the FERPA online training program.

Date access is to be granted: ____ - ____ - _____
(mm – dd – yyyy)

Access requested:_____

_____
Please include all details: If the user will have identical access to someone else, and/or also include any particular job roles, specific menu items, as well as access to specific forms or reports.

Position Title: _____

Department: _____

Campus Telephone #: _____ Office Location: Building: _____
Room #: _____

As an employee I understand that I have the responsibility to protect the privacy of students and employees. I recognize that during my employment at NGCSU, I may have access to private information pertaining to a student or an employee. I understand that certain information that I obtain, see, observe, hear or become aware of by any means is considered confidential. I further understand that the unauthorized release confidential information, whether to parties internal or external to the university, is strictly prohibited and may lead to disciplinary action. I also understand that there are legal prohibitions to the unauthorized dissemination of student and employee information, including the Family Educational Rights and Privacy Act of 1974 (FERPA), Gramm-Leach-Bliley Act (GLBA), Electronic Communications Privacy Act (ECPA), Computer Fraud and Abuse Act (CFAA), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
If I am in doubt about a request for information, I understand that it is my responsibility to discuss the request with my supervisor prior to disclosing the information. Completion of this account application denotes that I have read and understood this Statement of Confidentiality.

Employee Signature: _____ Date: _____ - _____ - _____
(mm – dd – yyyy)

Department Head: _____ **Campus Telephone #**: _____
(Please Print)

Department Head Signature: _____

For Internal Use Only:

Banner GUI Account	Banner Web Account
Login ID:_____	Login ID:_____
Default Password: _____	Default Password: _____
Accounts created by: _____ Date: _____	

Banner Account Form: Revision 03 7-Jan-2010