

Virginia Tech Foundation, Inc. [<http://www.vtf.vt.edu>]
VTF Banner Finance System Access Request
 Return signed form to VTF Information Systems, Postal Code 0289

USER INFORMATION (Complete all Information)

Name: _____ Employee # _____

PID or Oracle ID: _____

Department Name _____ Postal Code _____

Department Number _____ Phone Number _____

Part 1: Query Access to Organizations (Executive, Senior Management, Management, or Department Level)

Please indicate the department organization number(s) to which you should have financial query access:

Department Level _____

If you need query access to an Executive, Senior Management, or Management Level, please complete the following section.
 (Access granted to a higher level organization automatically grants that access to all organizations in the descending hierarchy)

Executive Level _____

Sr. Management Level _____

Management Level _____

Part 2: Other Restrictions

Unless otherwise specified, the user will be given inquiry access to all funds within the authorized organization(s).
 Please indicate any fund restrictions.

Restrict Access to only this Fund(s) _____

Part 3: DEPART Access

'Kf{ qvt'f gr ctvo gpv'wugu'F GRCTV.'ej genlj gtg'q'i tcpv'j ku'wugt'ceeguu'q'hqwpf cvkqp'f cvc'lp'j cv'u{ uvgo

Part 4: Certification

I understand and agree that information obtained from VTF systems is CONFIDENTIAL and the property of the Virginia Tech Foundation, Inc. and should never be disclosed to any third party, used for personal gain, or used for any other unauthorized purposes without prior written explicit consent. I also agree to use and protect my access privileges according to all relevant policy and understand that failure to do so may be grounds for termination of this privilege as well as civil or criminal legal actions under local, state, or federal law. Furthermore, I have also read and agree to follow the Acceptable Use of Information Systems at Virginia Tech policy.

 User Signature _____
 Date

Part 5: Approval

The responsible Dean, Director, or Department Head for the highest organization level for which access is requested must approve this form.

 Printed Name of Dean, Director, or Department Head _____
 Position/Title

 Signature of Dean, Director, or Department Head _____
 Date

For VTF Information Systems Use Only			
___ New User	___ Master Fund	ID Request	/ /
		Banner Security	/ /
___ Existing User (Additional Access)	___ Direct Fund	Warehouse Security	/ /
		User Confirmation	/ /