

Tennessee State University
EVISIONS ACCESS REQUEST FORM

revised 6-18-14

All Access request forms must be sent to the Office of Technology Services

Applicant Information

Last Name **First Name** **MI** **Contact Phone Number**

T# Number _____ **Department** _____

- Staff
- Faculty OR Adjunct Faculty
- Student Worker – Last Day of Work _____
- Temporary Contract– Last Day of Work _____

Current INB Banner User **Yes** **No**

REQUESTED GROUP ACCESS	Add	Delete		Comments

REQUESTED ROLE ACCESS

I understand that all Student Records are confidential and I will comply with TBR Policy 3:02:03:00, and TBR Guideline S-020 Confidentiality of Student Records. No reproduction or printing, full or partial views of the imaged document, is permitted without approval.

Name (printed): _____

Signature: _____

DATE: _____

Approvals

Supervisor: _____ **Date:** _____

Director: _____ **Date:** _____

Department/Division OTS Office Use Only Application _____ Approved Date _____