Tennessee State University

BDMS ACCESS REQUEST FORM

revised 6-10-14

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_____

Current INB Banner User ☑ **Yes** ☐ **No**

- ☐ Staff
- ☐ Faculty or Adjunct Faculty
- ☐ Student Worker – Last Day of Work _____
- ☑ Temporary Contract– Last Day of Work _____

REQUESTED APPLICATION ACCESS	Admin	Index	Scan	View	View Transcripts	Print	Comments
Banner Fin Aid Tracking	☐	☐	☐	☑	☐	☑	
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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 BDMS Office Use Only **Application _____Approved Date_____**