

BANNER SOCIAL SECURITY NUMBER ACCESS REQUEST FORM

Provide access to Social Security numbers within Banner to:

Name: _____ Campus Phone: _____

Department: _____

Title: _____

Authorization:

I am requesting full access to Social Security numbers within the Geneseo Banner system for the individual listed above.

Name: _____ Campus Phone: _____

Department: _____

Title: _____

Signature: _____ Date: _____

Requests must be signed by the director or head of department for the individual being authorized.

Justification:

(Provide specific reason(s) why access to Social Security numbers is required for this individual to complete his/her job duties. Attachments can be stapled to this request form if necessary)

→ Please return completed form to CIT, South 119