



USER INFORMATION

Name: _____ CWID: _____

Title: _____ Department: _____

Email: _____ Phone: _____

Please indicate specific access you are requesting:

- | | |
|-------------------------------|----------------------------|
| Accounts Receivable | Recruiters |
| Administrative | Roll |
| Admissions | Rules |
| Athletics | Scholarship |
| Casual Wage Employee | Student Workers – Level I |
| Counselors – Customer Service | Student Workers – Level II |
| Mid-Level | University Planning |
| Payroll | Warhawk ID Office |

By signing this form, I understand that all information I access in Banner are for the sole purpose of ULM business. Any abuse or unauthorized use will result in my access being revoked.

Employee Signature: _____ Date: _____

Employee’s Department Head/Manager Signature: _____

***After completing this form and obtaining your Department Head’s signature,
deliver form to the Office of Financial Aid Services.***

Financial Aid Authorizing Agent Signature: _____	Date: _____
Computing Center: Completed by: _____	Date: _____