Oregon University System

Chancellor's Office
Access Request Form
OWAG
Inter-Institutional Transaction Processing

Office of the Chancellor
P.O. Box 488
Corvallis, OR 97339-0488
FAX (541) 737-0850
PHONE (541) 737-3336
http://www.ous.edu

To complete this form:

- Fill out Sections A, B and C.
- Send the completed document to Banner-Access in the Controller's Division.
  (Note: To expedite your request, this document may be faxed, and the original sent as follow-up.)

Section A – Requestor Information

Name: _____ Date Access Needed: _____

Job Title: _____ Campus ID # _____

Department: _____ Email Address: _____

Institution: _____ Campus Phone: _____

Section B - Description of Access Need(s)

Describe, as best you can, your **business role** that necessitates this access. Please provide as much detail as possible. Attach additional paperwork if necessary.

- Are you replacing someone? If so, indicate their name here: _____
- Should your access replicate that of a coworker? If so, indicate their name here: _____

Section C - Department Signatures Required for Approval:

_____

Name of Person Gaining Access (Printed) Signature of Person Gaining Access Date

_____

Supervisor's Name (Printed) Supervisor's Signature Date

_____

Institution Business Affairs Director's Name (Printed) Business Affairs Director's Signature** Date

**Signature signifies that this access request is within the normal range of business activity for the position and department, and does not mitigate proper segregation of duties.

Security Administration - Office Use Only

_____

Director of Budget and Business Services Date

_____

CO Security Administrator Date