Clear Form

University of Hawai‘i at Mānoa
Banner Administrative System Request

Name: _____ UH Username: _____

Job Title: _____ Department: _____

Employment Status: ◯ Regular ◯ Student ◯ Casual ◯ Other: _____

FERPA SECURITY NON-DISCLOSURE FORM

If my access is approved, I will receive the user ID/password, to be bound by the following terms:

1. I will keep my access codes confidential, and if I need to write them down, I will not leave them in public view or post them on or near my computer terminal.
2. I will not allow any other person to use my access codes. My access is not transferable to any other person.
3. I understand that student records are strictly confidential, protected under federal law known as the Family Educational Rights and Privacy Act of 1974, as amended (FERPA). Under FERPA, I may access this information only in the legitimate educational interest of the student. I agree to keep all information confidential.
4. I understand that University policy implementing the requirements of the federal Family Educational Rights and Privacy Act prohibits me from:
    a. Disclosing personally identifiable information contained in files to any unauthorized person
    b. Using data for purposes other than those work related purposes described in my request for access
5. I will inform my supervisor in writing, through my department, of any changes affecting my access:
    a. Personal changes (e.g. name, ID number, etc.)
    b. Employment changes (e.g. termination, transfer, etc. including changes in my official functions and duties i.e. Department Chairperson or Department Advisor)
    c. Access changes (e.g. add or delete screens)
6. I understand that my failure to adhere to these provisions will result in my loss of access to the student information and, depending on the severity of my failure, disciplinary action may be taken against me.
7. Employees currently enrolled in courses may be subject to the provisions of the University’s student conduct code.

I have completed the following Acknowledgements and Certifications Service at https://www.hawaii.edu/its/acer:

_____ (please initial): UH Information Security Awareness Training Certification

_____ (please initial): University of Hawai‘i General Confidentiality Notice

I agree to the above terms and conditions for access to Banner.

Requestor’s Signature: _____ **Date**: _____

TO BE COMPLETED BY SUPERVISOR:

BANNER:

I am requesting to view:

☐ Contact Information ☐ Registration ☐ Faculty Assignment

☐ Academic History ☐ Course Rosters

Other/Justification:

_____

_____

OR, please mirror the existing access of: username _____

Note: Please enter a username to mirror if you are a user in Enrollment Management, Outreach College, JABSOM, Law or Shidler.

PLACEMENT & REMOVAL OF TEST SCORES (limited to only the following departments)

◯ Mathematics ◯ Chemistry ◯ English ◯ General Education Office

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PLACEMENT & REMOVAL OF STUDENT ACCOUNT HOLDS

◯ Financial Obligation ◯ Academic Advising ◯ Other: _____

Approved By:

Supervisor's Name (print): _____

Supervisor's Approval (sign): _____ Date: _____

Dean's/Director's Name (print): _____

Dean's/Director's Approval (sign): _____ Date: _____

Please submit completed forms to Pheng Xiong,
University Registrar, pxiong@hawaii.edu

Banner Security Coordinator Use Only

◯ APPROVED ◯ DENIED

Banner Security Coordinator (print): _____

Banner Security Coordinator (sign): _____ Date: _____

Notes:

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