

**MISSISSIPPI STATE UNIVERSITY
BANNER ACCESS REQUEST FORM**

USER INFORMATION

User Name: _____

Department: _____ Phone: _____

MSU ID Number: _____

Access Effective Date: _____ Access Expiration Date (to revoke access): _____

Are you a current user of the system? _____ Yes List current login: _____

_____ No Please indicate desired login from three to eight
lowercase characters (letters and numbers only), and
must begin with a letter: _____

If you have questions, please contact the Help Desk at 662-325-0631 or email helpdesk@msstate.edu.

CLASS:

List class names and specify access option: **(G)** Grant Access, **(R)** Revoke Access.

Approval queue request requires an Approval Queue Request Form

ADDITIONAL FORMS OR PROCESSES (not included in classes):

List form or process name with type of access needed: **(Q)** Query, **(M)** Update/Query, **(R)** Revoke access.

ORGANIZATION

List ORG code(s) for access.

FOR INTERNAL USE ONLY

Form Level Security Added By: _____ Date _____

System: _____

***The employee requesting BANNER access must read the back of this form and sign in the appropriate place.**

**MISSISSIPPI STATE UNIVERSITY
UNIVERSITY INFORMATION SYSTEM
CODE OF RESPONSIBILITY FOR SECURITY AND
CONFIDENTIALITY OF RECORDS, FILES, AND DATABASES**

Security and confidentiality are matters of concern to all Mississippi State University employees who have access to university records either by hard copy documents or via electronic or micrographic media. Mississippi State University is responsible for the accuracy, integrity and confidentiality of the electronic database. The purpose of this document is an effort to fulfill that responsibility and to clarify all employees' responsibilities thereto. Since conduct, either on or off the job, could affect or threaten the security and confidentiality of this information, each employee who accesses the University Information System is expected to adhere to the following:

1. No one may make or permit unauthorized use of any information in files maintained, stored, controlled, or processed by the University Information System.
2. No one is permitted to seek personal benefit, allow others to benefit personally or to divulge, in any way, knowledge of any confidential information which has come to them by virtue of their work assignment.
3. No one is to exhibit or divulge the contents of any record or report to any person except in the conduct of their work assignment and in accordance with Mississippi State University and the University Information System policies and procedures.
4. No one may knowingly include, or cause to be included, in any record or report, a false, inaccurate, or misleading entry. No one may knowingly change or delete or cause to be changed or deleted an entry in any record or report, unless in accordance with Mississippi State University and the University Information System policies and procedures.
5. No official record or report, or copy thereof, may be removed from the office where it is maintained or copied or printed via electronic means except in the performance of a person's duties, and in accordance with established procedures. Copies made in the performance of a person's's duties may not be released to third parties except as No. 3 above applies.
6. No one is to aid, abet, or act in conspiracy with another to violate any part of this code.
7. Each person is responsible for their assigned user-ID and password and they are not to be shared with anyone else.
8. No one shall use another person's user-ID and password.
9. Any knowledge of a violation of this code must immediately be reported to the employee's supervisor.

Violation of this code will lead to reprimand, suspension, or dismissal consistent with Mississippi State University and University Information System policies. Violation can also lead to action under the policy for student conduct, contractually established disciplinary procedures, and/or State of Mississippi statues pertaining to theft, alteration of public record, or other applicable section

USER AFFIDAVIT:

I have read, do understand, and will comply with Mississippi State University's information System Code of Responsibility for Security and Confidentiality of Records, Files, and Databases.

I am also aware of my responsibilities to protect the confidentiality of information regarding faculty, staff, and students and agree to use information from this system for carrying out official duties and responsibilities of my position with Mississippi State University ONLY .

Signature: _____ **Date** _____

***To insure proper identification, please attach a copy of your Faculty/Staff ID card to this form.**

Approval:
Department Head: _____ **Date** _____