



# UC Merced Banner Access User and Supervisor Acceptance Form

## Employee Information

Employee Name	
UCM NetID	
Department	
Phone Number	

## Supervisor Information

Supervisor Name	
Phone Number	

If the employee needs access similar to another staff who already has Banner access, please enter the name and the UCMNetID below:

Employee Name	
UCM NetID	

By signing this form, I **Employee** acknowledge that:

I understand that access to Banner is assigned to me for use in connection with my assigned duties as an employee of the University and may be revoked without notice. I understand and accept the following terms and conditions:

- I am aware that passwords are the first line of security on Banner. I agree not to reveal my password nor allow anyone to use the account assigned to me. I am responsible for any changes made to the database under my user name.
- I agree to abide by the Family Education Rights and Privacy Act of 1974 (FERPA) regulations. Under this act, information about current and former UC students is legally designated as private. I agree to refer all outside requests for student information to the Office of the Registrar, unless I have been authorized by the Registrar to release pre-designated information.
- I must maintain the confidentiality of any and all data that I retrieve from Banner in the course of my job duties, including data that I use for reporting purposes or in other software products.
- Access to administrative data will be determined by the requirements of my job, and therefore I am only authorized to retrieve this data on a "need to know" basis.
- I agree to comply with all institutional policies on security, computer access, confidentiality of data, data standards, and data integrity.
- I am aware that any violation of these policies may lead to the immediate suspension of my computer privileges. I understand that unauthorized release of sensitive or restricted information is a breach of data security and may be cause for disciplinary action, which could include dismissal.

By signing this form, I **Supervisor** acknowledge that:

The above employee has a legitimate need for Banner access based on his or her currently assigned duties. If the employee's assigned duties change, the employee changes positions within the University, the employee separates from the University (stops being an employee), or if for any other reason the employee's access to Banner should be changed or terminated, it is my responsibility to notify sisadmin@ucmerced.edu immediately.

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Employee Signature  
Date

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Supervisor Signature  
Date