LONGWOOD
U N I V E R S I T Y

Request for Social Security Access

Name_____ Date_____

Department_____ L#_____

Position Title_____Login ID_____

Access requested (check applicable)   Banner View Access   Banner Export Access

Please explain reason for request. Your reasoning must include how it will prevent you from performing your job if access is not granted.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Is this a permanent need? Y/N

If this is a temporary need, please indicate._____

<div align="center">Start date / end date</div>

_____
Requestor signature

_____
Supervisor signature- Your signature indicates agreement with request   (required prior to submission)

Please return form to Registrar's Office or via email to hinessr@longwood.edu.

Committee use only

Request   Denied   Approved   Date _____

Temporary access granted_____Dates of access_____

Notes_____
_____
_____
_____
_____

Committee signatures_____
_____
_____

Forwarded for processing_____

DBA signature_____Date_____