

Chattanooga State  
**BDMS ACCESS REQUEST FORM**

revised 2-19-13

*Once all signatures have been obtained, an Information Technology Services work order is required from the application owner*  
**All Access request forms must be sent to Information Technology Services**

**Applicant Information**

\_\_\_\_\_

**Last Name                                      First Name                                      MI                                      Contact Phone Number**

**A# Number** \_\_\_\_\_ **Department** \_\_\_\_\_       Staff

**Current INB Banner User**     **Yes**                       **No**                       Faculty OR Adjunct Faculty

Student Worker – Last Day of Work \_\_\_\_\_

Temporary Contract– Last Day of Work \_\_\_\_\_

REQUESTED APPLICATION ACCESS	Admin	Index	Scan	View	View Transcripts	Print	Comments
B-S-ADMN-Banner Student Admissions <i>(Approval by Adm/Rec Director)</i>							
B-S-ADMN-Legacy Documents <i>(Approval by Adm/Rec Director)</i>							
B-S-Graduation Documents <i>(Approval by Adm/Rec Director)</i>							
CSC-S-DOCS-Career Services & Counseling <i>(Approval by Career Services Director)</i>							
Financial Aid Documents <i>(Approval by Financial Aid Director)</i>							
VETERANS AFFAIRS <i>(Approval by Program Director)</i>							
WORK FORCE DEVELOPMENT <i>Approval by Program Director)</i>							

I understand that all Student Records are confidential and I will comply with TBR Policy 3:02:03:00, and TBR Guideline S-020 Confidentiality of Student Records. No reproduction or printing, full or partial views of the imaged document, is permitted without approval.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>Approvals</b>	
Supervisor: _____	Date: _____
Director: _____	Date: _____
Division VP: _____	Date: _____ (required for all student access)

**Department/Division BDMS Office Use Only    Work Order # \_\_\_\_\_    Application \_\_\_\_\_    Approved Date \_\_\_\_\_**