

**Longwood University**  
**Request for BANNER Access**

*(Form must be printed and submitted to the Budget Office with an original signature)*

BANNER Access is Requested For:

LEGAL NAME:

First Name:  MI:  Last Name:

E-Mail:

Department:

Building/Room#:

Telephone Number: 395-

Have you attended BANNER training?  Yes  No

Reason for Requesting Access:

I require access to the following Organizations/Funds:

Requested by:   
(Typed name of Department Head/Budget Manager)

Supervisor's Signature: \_\_\_\_\_

Department:

Date:

FOMPROF Created By: \_\_\_\_\_  
Date: \_\_\_\_\_

Fund/Org Security Created By: \_\_\_\_\_  
Date: \_\_\_\_\_