



New Mexico State University
 Information & Communication Technologies
Banner ODBC Role Access

ROUTING	ICT, MSC 3AT
	security_admin@nmsu.edu
	Phone 646-8221
	Fax 8 646-2699

Instructions: Complete sections 1-4, if completing this form you must have an AppViewX DCTF Request on file. The form can be found at the following link: [AppViewX DCTF Request](#). **In accordance with ARP 15.40, the Computer & Data Security training must be completed before access will be granted. The online training can be found by logging on to [trainingcentral.nmsu.edu](#).** Scan and e-mail the completed form to security_admin@nmsu.edu, or fax to 8 646-2699 (fax must be dialed as 8 646-2699 even if on campus). You will be contacted when access is in place. Access privileges granted herein will be reviewed twice yearly.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____
 Employee Name: _____ Employee Title: _____ Phone: _____
 E-mail Address: _____ Aggie ID: _____ Employee Department: _____

SECTION 2: REQUEST DETAILS

DARS
 USR_DEFAULT_DARS_USER PBAN UBAN DBAN
 USR_DEFAULT_NMSU_DAR_REPORTS PBAN UBAN DBAN PODS UODS DODS
 Print Name: _____ Signature: _____ Date: _____
 University Registrar

Enterprise IT
 USR_DEFAULT_NMSUDEV DBAN DODS
 USR_DEFAULT_NMSU_Q PBAN UBAN DBAN PODS UODS DODS
 Print Name: _____ Signature: _____ Date: _____
 Information & Communication Technologies

Facilities Services
 USR_DEFAULT_FMAX_REPORTS PBAN UBAN DBAN
 USR_DEFAULT_FMAX_DEVELOP PBAN UBAN DBAN
 Print Name: _____ Signature: _____ Date: _____
 ICT Student & Business Solutions

Financial Aid
 USR_DEFAULT_NMSU_FINAID_Q PBAN UBAN DBAN PODS UODS DODS
 Print Name: _____ Signature: _____ Date: _____
 Director, Financial Aid

PeopleAdmin
 USR_DEFAULT_NMSU_PADMIN_Q PODS UODS DODS
 Print Name: _____ Signature: _____ Date: _____
 Asst VP for HRS

Student Disability
 USR_DEFAULT_DISA_Q PBAN UBAN DBAN PODS UODS DODS
 Print Name: _____ Signature: _____ Date: _____
 University Registrar

Reason for access:

SECTION 3: REQUESTOR SIGNATURE

Print Name: _____ Signature: _____ Date: _____
 Employee
 Print Name: _____ Signature: _____ Date: _____
 Supervisor

SECTION 4: OFFICIAL APPROVAL

Print Name: _____ Signature: _____ Date: _____
 Chief Information Security Officer
 Print Name: _____ Signature: _____ Date: _____
 Chief Information Officer

Reset