



New Mexico State University Information Technology Banner ODBC Role Access

ROUTING

IT-Data Center &
Access Control
[Submit a
TeamDynamix Ticket](#)

Instructions: Complete sections 1-4, if completing this form you must have a [Secure Firewall Change Request](#) on file. **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.** Submit completed form through a [TeamDynamix Ticket](#). 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

Print Name: _____ Signature: _____ Date: _____
University Registrar

Enterprise IT

USR_DEFAULT_NMSUDEV ☐ PBAN ☐ UBAN ☐ DBAN ☐ DODS
USR_DEFAULT_NMSU_Q ☐ PBAN ☐ UBAN ☐ DBAN ☐ PODS ☐ UODS ☐ DODS

Print Name: _____ Signature: _____ Date: _____
Director, Information Technology

Facilities Services

USR_DEFAULT_FMAX_REPORTS ☐ PBAN ☐ UBAN ☐ DBAN
USR_DEFAULT_FMAX_DEVELOP ☐ PBAN ☐ UBAN ☐ DBAN

Print Name: _____ Signature: _____ Date: _____
IT Student & Business Solutions

Financial Aid

USR_DEFAULT_NMSU_FINAID_Q ☐ PBAN ☐ UBAN ☐ DBAN ☐ PODS ☐ UODS ☐ DODS

Print Name: _____ Signature: _____ Date: _____
Director, Financial Aid

PageUp

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