



Request for Technology Access Pasadena City College

Name	PCC Lancer ID Number
Banner	
<input type="checkbox"/> Banner INB – Access to specific Banner Forms. Please list specific Banner form names using 7-letter Banner form acronyms and indicate whether each form in read-only or read-write Form names: _____ _____ _____	<input type="checkbox"/> Banner INB – Account Clone. Please indicate staff who has same access as the person you are requesting for: Staff Name _____ Staff ID _____
LancerPoint	
<input type="checkbox"/> LancerPoint (Counselor tab)	<input type="checkbox"/> LancerPoint (Instructor tab)
Network	
<input type="checkbox"/> Viewing access to W:\Counseling	Network access to: _____
Other	
<input type="checkbox"/> SARS	<input type="checkbox"/> Degree Works (user name and password)
<input type="checkbox"/> Lexmark	<input type="checkbox"/> Counseling Ed Plan (Bob Lane)
<input type="checkbox"/> Evisions Unofficial Transcript	

Requested By:

Supervisor Signature:

Date:

Note:
