UNIVERSITY OF ALASKA TRAVEL AND EXPENSE SECURITY ACCESS REQUEST

To Be Completed By User: Please PRINT	
Name: First MI Last Banner ID (FXXXX, AXXXX, SXXXX, JXXXX, etc.)	
UA ID Number: (Not SSN)E-Mail Address:	UA User Name:
Delegate: Yes: O No: O Super Class: PREP: FG_TEM_Delegate_cls PROD: FG_TEM_Delegate_cls	Approver: Yes: O No: O Super Class: PREP: FG_TEM_APPROVAL_Training_cls PROD: WF_TEM_USERS_cls
Department Approval: Please PRINT	
Name:Signature:	Title: Date:
Telephone:	
Process By Security Coordinator	
Name:Signature:	Date: