

TEXAS A&M UNIVERSITY-KINGSVILLE
BANNER SECURITY
CHANGE CLASS REQUEST FORM

Name of Operator: _____

User ID: _____ BannerID/UIN: _____

<u>Old</u> Information
Operator Phone Number: _____
Operator Class Code: _____

<u>New</u> Information
Operator Phone Number: _____
Operator Class Code: _____

SIGNATURES		
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Department Contact Person	Dept.	Date
Concur _____		
Registrar	Date	

FOR iTECH USE ONLY	
Date Entered _____	Initials _____
Ticket #: _____	