

SOUTHERN CONNECTICUT STATE UNIVERSITY

ONBOARDING DATA SHEET

Full Legal Name: _____

Phone Number _____ Email Address _____

Prefix – Please check an appropriate prefix. The following prefixes have been established and will be used unless a different preference is specified:

Mrs. Mr. Ms. Dr. _____ Other

Suffix – Please check an appropriate suffix. A suffix is only used if it is part of a person’s legal name or if the person has specifically requested the use of a suffix.

CPA Esq. II III Jr. Sr. _____ Other

Biographic Information:

U.S. Citizen: Yes No

Date of Birth: _____

Do you have any previous relationship/interaction with SCSU? Yes No

Student: Dates Attended _____

Employee: Dates worked _____

Other: Please be specific _____

Other Names you may have used: _____

Banner ID Number (if known): _____

SCSU email address (if known): _____

Banner/Oracle account (if known): _____

SCSU Personnel Making this request:

Primary Contact (required)

Name: _____

Phone Number _____

Department: _____

Org Number: _____

Begin Date: _____

End Date: _____

Banner Access Requested _____

Approval by Data Steward _____