



# Texas A&M University-Texarkana

## FAMIS or Canopy

### Change or Delete Access Form

*Fill out changes needed and submit completed form to Information Technology Dept.*

Name: \_\_\_\_\_ UIN : \_\_\_\_\_

Login: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Access changes needed

Requested Change: (Make sure to designate inquiry or update access to a screen or indicate model needed.)

\_\_\_\_\_

Requestor signature:  Date: \_\_\_\_\_

Supervisor signature:  Date: \_\_\_\_\_

**Approval needed from Database owner before any change is made:**       Yes       No

VPFA Signature:  Date: \_\_\_\_\_

DELETE Access (only supervisor signature needed, then submit to IT Dept.)

Supervisor signature:  Date: \_\_\_\_\_

**For IT use only:**

DATE Received: \_\_\_\_\_ Date of change or deletion: \_\_\_\_\_

FAMIS Security Officer: \_\_\_\_\_

*State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.*