



**TEXAS A&M UNIVERSITY SYSTEM SYSTEM
ADMINISTRATIVE AND GENERAL OFFICES
FAMIS SECURITY
STATEMENT OF RESPONSIBILITY**

TEXAS A&M UNIVERSITY-TEXARKANA For Fiscal Year: _____

Please complete and return this form to Information Technology.

I understand that I will be violating system rules and regulations and state and federal law if I gain or help others gain unauthorized access to the Financial Accounting Management Information System (FAMIS). I acknowledge that neither I nor anyone else possess the authority to allow anyone to use my I.D. or password.

I also understand that if I violate system regulations and state and federal laws by gaining or helping others gain unauthorized access to FAMIS, I will be subject to disciplinary action and criminal prosecution to the full extent of the law (Chapter 33, Title 7 of the Texas Penal Code).

By logging on to this computer system, I acknowledge my responsibility for strictly adhering to system rules and regulations and state and federal law. I am also aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information from FAMIS.

I further agree not to attempt to circumvent the computer security system by using or attempting to use any transactions, software, files or resources I am not authorized to use.

_____ Date

_____ Print Name of User

_____ User's Title

_____ Signature of User

_____ Print Name of Supervisor

_____ Signature of Supervisor

_____ Print Name of Witness

_____ Signature of Witness *

* Witness signs to verify that the above user signed with an understanding of the statement.

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.