

Buy A&M – Multi-Org Access Request

USER INFORMATION

ADD CHANGE REMOVE

Employee Name:

Employee UIN:

Default Org:

MEMBER ACCESS

Select each additional org that user needs access to

- | | | | |
|--|---|--|--|
| <input type="radio"/> AM01 – TAMUS | <input type="radio"/> AM02 – TAMU | <input type="radio"/> AM04 – Tarleton | <input type="radio"/> AM05 – Prairie View |
| <input type="radio"/> AM06 – AgriLife Research | <input type="radio"/> AM07 – AgriLife Extension | <input type="radio"/> AM09 – Engineering Extension | <input type="radio"/> AM10 – Galveston |
| <input type="radio"/> AM11 – Forest Service | <input type="radio"/> AM12 – TTI | <input type="radio"/> AM15 – Corpus Christi | <input type="radio"/> AM16 – International |
| <input type="radio"/> AM17 – Kingsville | <input type="radio"/> AM18 – West Texas | <input type="radio"/> AM20 – TVMDL | <input type="radio"/> AM21 – Commerce |
| <input type="radio"/> AM22 – Texarkana | <input type="radio"/> AM23 – Health Science | <input type="radio"/> AM24 – Central Texas | <input type="radio"/> AM25 – San Antonio |
| <input type="radio"/> AM26 – SRS | <input type="radio"/> AM27 – Technology Commercialization | <input type="radio"/> AM28 – Engineering Research | <input type="radio"/> AM99 – Research Foundation |

ADDITIONAL COMMENTS

STATEMENT OF RESPONSIBILITY

I understand that I will be in violation of System regulations, State and Federal law if I gain or help others gain unauthorized access to the systems above. I acknowledge that neither I nor anyone else possess the authority to allow anyone to use my I.D. or password. I understand that if I violate System regulations and State and Federal laws by gaining or helping others gain unauthorized access, 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). I accept the responsibility of keeping the reports and information confidential. I understand, accept and will complete training related to the software provided to me by Texas A&M System Members. Misuse or abuse of this responsibility as User/Supervisor may be just cause for revocation of software access and disciplinary action. I agree further 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.

User Printed Name

Signature

Date

TAMUS Security Contact Name

Signature

Date

Name:

UIN:

ORGANIZATION APPROVALS

Approval must be indicated for each Org requested on page 1

AM01

| | | |
|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
|---------------------------|-----------|------|

AM02

| | | |
|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
|---------------------------|-----------|------|

AM04

| | | |
|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
|---------------------------|-----------|------|

AM05

| | | |
|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
|---------------------------|-----------|------|

AM06

| | | |
|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
|---------------------------|-----------|------|

AM07

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|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
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AM09

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|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
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AM10

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|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
|---------------------------|-----------|------|

AM11

| | | |
|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
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AM12

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|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
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AM15

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|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
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AM16

| | | |
|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
|---------------------------|-----------|------|

AM17

| | | |
|---------------------------|-----------|------|
| Director or Delegate Name | Signature | Date |
|---------------------------|-----------|------|

Name:

UIN:

ORGANIZATION APPROVALS (Continued)

Approval must be indicated for each Org requested on page 1

AM18

Director or Delegate Name

Signature

Date

AM20

Director or Delegate Name

Signature

Date

AM21

Director or Delegate Name

Signature

Date

AM22

Director or Delegate Name

Signature

Date

AM23

Director or Delegate Name

Signature

Date

AM24

Director or Delegate Name

Signature

Date

AM25

Director or Delegate Name

Signature

Date

AM26

Director or Delegate Name

Signature

Date

AM27

Director or Delegate Name

Signature

Date

AM28

Director or Delegate Name

Signature

Date

AM28

Director or Delegate Name

Signature

Date

AM99

Director or Delegate Name

Signature

Date

AMCO

Director or Delegate Name

Signature

Date