

TAMUS SOBA Laserfiche Access Request

USER INFORMATION	□ NEW □ CHANGE □ REMOVE
Employee Name:	Employee Phone:
Employee E-Mail:	Employee UIN:
TAMU NetID:	
TAMU NetID is required for Laserfiche access; if this is bl	lank the form will be returned.
ACCESS SAME AS ANOTHER USER?	
Other User	Other Hear IIIN
Name:	Other User UIN:
Note: Listing another user's name or UIN 	N will decide all further access. Skip to signatures below.
COMMENTS	Please add any comments about your requested access
STATEMENT OF RESPONSIE	BILITY
I understand that I will be in violation of S	System regulations, State and Federal law if I gain or help others gain
I understand that I will be in violation of S unauthorized access to the systems abo anyone to use my ID or password. I und	System regulations, State and Federal law if I gain or help others gain ve. I acknowledge that neither I nor anyone else possess the authority to allow lerstand that if I violate System regulations and State and Federal laws by
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TAMUS SOBA Laserfiche Access Request

Name: UIN:

NOTE TO APPROVER

Please scan and email approved form to: <u>FAMIS-Security@tamus.edu</u>

Please include 'Laserfiche Access' in the subject line of the email.

If there are any questions, please call the FAMIS Help Line, (979) 458-6464.

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