

## **TAMUS Treasury Services Laserfiche Access Request**

USER INFORMAT	ION NEW	☐ CHANGE ☐ REMOVE		
Employee Name:		Employee Phone:		
Employee E-Mail:		Employee UIN:		
TAMU NetID:				
TAMU NetID is required for Laserf	TAMU NetID is required for Laserfiche access; if this is blank the form will be returned.			
ACCESS SAME AS AND	THER USER?			
Other User		Other User UIN:		
Note: Listing another uses	r's name or LIINI will decide al	Il further access. Skip to signatures below		
Note. Listing another user	S Halle Of Ony will decide a	II TUTUTET ACCESS. ONIP TO SIGNATURES DOTO:	w. 	
COMMENTS	Disease add or	t -tt		
COMMENTS	Please add al	ny comments about your requested acce	ess	
STATEMENT OF RESPONSIBILITY				
STATEMENT OF R	ESPONSIBILITY			
		tions, State and Federal law if I gain or h	nelp others gain	
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Revised 02/2024



## **TAMUS Treasury Services 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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