# THE TEXAS A&M UNIVERSITY SYSTEM

# VPAT Laserfiche Access Request

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## 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 blank the form will be returned.*

**ACCESS SAME AS ANOTHER USER?**

**Other User Name:** _____

**Other User UIN:** _____

*Note: Listing another user's name or UIN will determine all further access.  Skip to signatures on page 2.*

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## GROUP ACCESS

*Select all groups being requested.*
*(The groups listed below may not be available for all users)*

○ **VPAT - Liaison**                              *VPAT folder - Digital Accessiblity Officers*

○ **VPAT - Read**                                 *VPAT folder - Read only access*

○ **VPAT Approved Exceptions - Read**             *VPAT Approved Exceptions folder - Read only access*

○ **VPAT - Limited Admin**                        *System Offices Staff*

○ **VPAT Approved Exceptions - Limited Admin**    *System Offices Staff*

○ **VPAT Reports - Limited Admin**                *System Offices Staff*

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## COMMENTS

*Please add any additional comments regarding your access*

# VPAT Laserfiche Access Request

THE TEXAS A&M UNIVERSITY SYSTEM

**Name:**                                                    **UIN:**

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## 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 ID 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** |

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## DIRECTOR APPROVAL

**Approved:**   *Request must be approved by the repository's Director. Please forward the completed request form to the EIR Shared Services Director for approval.*
*If access is approved, they should forward on to FAMIS Services at the email address listed below.*

| | |
|---|---|
| **Signature** | **Date** |

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## DIRECTOR

Please scan and email approved form to:        FAMIS-Security@tamus.edu

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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*Rev. 10/16/2023*