Tarleton State University
Stephenville, Texas

FAMIS ACCESS REQUEST FORM

Date:_____

Employee Only: Complete the following items

Circle the appropriate category: **New Operator** **Change in Access** **Delete Operator**

Have you ever had a FAMIS ID before? **YES** **NO**

Name (Full Legal Name Required)_____
Last **First** **MI**

DOB:___/____/_____

UIN or Social Security Number:_____

Position or Title:_____

Department Name:_____ Department Phone#:_____

E-Mail Address:_____

Access capability to FAMIS should be the same as_____
(name of person in your department with similar FAMIS access)

Department Head Approval:_____ _____ _____
Signature Printed Name Date

Fiscal Services Approval:_____ _____ _____
Signature Printed Name Date

OFFICE USE ONLY:

Type of Access: Inquiry Only Update **Module:** FRS FFX SPR

Model Name:_____

If not using an established model or if requesting additional screens, list below: A = Update and Inquiry I=Inquiry only D=Disallow Access
Examples: A024 = Allow Screen 24 I024 = Inquiry Screen 24 D024 = Disallow Screen 24

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____