



Texas A&M University-Texarkana

FAMIS or Canopy

Change or Delete Access Form

Name: _____ UIN : _____

Login: _____ Office Phone: _____

Department: _____

Job Title or Position: _____

Access changes needed

Requested Change: (Make sure to designate inquiry or update access to a screen or indicate model needed.)

Requestor signature: Date: _____

Supervisor signature: Date: _____

Database owner approval:

VPFA Signature: Date: _____

DELETE Access (only supervisor signature needed)

Supervisor signature: Date: _____

For IT use only:

DATE Received: _____ Date of change or deletion: _____

FAMIS Security Officer: _____

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.