

TEXAS A&M UNIVERSITY-COMMERCE

FAMIS Change/Delete Access Form

Please Print – Complete form and submit to Technology Services

Name: _____ **UIN:** _____

FAMIS Login: _____ **Phone:** _____

Department: _____

Position or Title: _____

Requested Change: _____

Signature: _____ **Date:** _____

Dept. Head Signature: _____ **Date:** _____

Business Office/Budget/Payroll Approval: _____

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Technology Services Use Only

Date Received: _____

FAMIS Security Officer: _____ Date: _____