

Texas A&M University Division of Finance IMG - 900 Student Financial Aid Imaging Access Request Send completed forms to Mail Stop #6000, Attn: FMO-FTS

User Information (Information must include your official first name, middle initial and last name.)

First Name			MI	Last Name				
Title					Dept Code		Mail Stop	
Phone Number		Email				UIN		
Check the Requested Service Needed:		Add user	Delete User	Char	nge User Access			
Select Access n	eeded:			г				
					Group Member	rships	Viewer	Owner
Manlan la a a	Viewer			L	DSFA			
Workplace User Options: Select the scanning groups that the individual will need to access.	Owner	Same access as Author but, can also change properties of documents that they own, can modify document properties, archive/reclaim documents and index/de-index documents						
Ascent Capture		Access to Scan Documents; use Quality Control, Validation and Verification procedures. Automatically authorizes the use of any necessary accesses necessary. Requires Software installation.						

Security Statement:

I understand that I will be violating System Rules and Regulations and State and Federal law if I gain or help others gain unauthorized access to information stored in the Texas A&M University Division of Finance Imaging system. I acknowledge that neither I, nor anyone else, possess the authority to allow anyone to use my I.D. or password. Furthermore, I understand that information I have access to view may be confidential in nature (i.e., social security numbers and payroll information); neither I, nor anyone else, possess the authority to allow me to use this information for non-System purposes. I also understand that if I violate System Regulations and State and Federal laws by gaining or helping others gain unauthorized access to information stored in the Imaging system, 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). By logging on to this computer system, I acknowledge my responsibility for strictly adhering to System Regulations and State and Federal laws. I am also aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information from the Imaging system. I further agree 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 UIN

User Signature

Date

Department Head or Delegate

Department Head or Signature

Date