



Document Management System-User Access Form

**TEXAS A&M AGRILIFE
 DOCUMENT MANAGEMENT SYSTEM APPLICATIONS
 STATEMENT OF RESPONSIBILITY**

I, the undersigned, understand that all information which may come to my knowledge while using any of the applications associated with the Texas A&M Agriculture Document Management System is to be held in the strictest confidence and may not be disclosed except as provided in policy and procedures pertaining to performance of my job duties and assignments.

I acknowledge my responsibility for strictly adhering to university policy and state and federal law. I also am aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information contained in or accessed from these applications.

I understand that computer system password(s) I receive or devise is (are) confidential. I will not disclose to any unauthorized person any password(s) which I am given or devise and I will not write down such password(s) or post them where they may be viewed by unauthorized people. I understand that I am responsible for any computer transactions performed as a result of access authorized by use of my password(s). I agree further NOT to attempt to circumvent the computer security system by using or attempting to use any transaction, software, files or resources I am not authorized to use. I understand that use of a password not issued specifically to me or to a group of which I am a member is expressly prohibited.

I understand that failure to observe these restrictions constitutes a "Breach of Computer Security" as defined in the TEXAS PENAL CODE, CHAPTER 33, and that such an offense will subject me to university or agency disciplinary action and criminal prosecution to the full extent of the law.

EMPLOYEE ACKNOWLEDGEMENT			
Name (Last, First MI):		UIN #:	
AGNET User Name (AgriLife Only)		NetID (SRS/ CVM/College of Ag only)	
Signature:		Date:	

EMPLOYEE INFORMATION			
Name (Last, First MI):		UIN #:	
AGNET User Name (AgriLife Only)		NetID (SRS/ CVM/College of Ag only)	
Unit (4 Letter FAMIS):		AdLoc:	
User Email Address:			

NEW USER REQUEST (INDICATE WHAT TYPE OF NEW USER)			
General User (All Listed Feature Rights Except Edit Workflow) (No Privileges) (Access Rights as selected below)	<input type="checkbox"/>	Unit Administrator (All Listed Feature Rights and Privileges) (Access Rights to all group folders listed below)	<input type="checkbox"/>
		Effective Date:	_____

NEW USER ACCESS RIGHTS			
Unit(1) "Bookkeeper folders" – Fiscal, purchasing, etc. records	<input type="checkbox"/>	Unit(2) "Business folders" – Payroll, leave, personnel, WCI, etc. records	<input type="checkbox"/>
		Unit(3) "Academic folders" – Student and academic records	<input type="checkbox"/>

CHANGE ACCESS FOR EXISTING USERS OR DELETE USER			
Change Rights:	<input type="checkbox"/>	Delete User:	<input type="checkbox"/>
		Effective Date:	_____

REQUESTED CHANGES TO ACCESS (RIGHTS/PRIVILEGES TO GRANT/REMOVE) (NOT FOR NEW USERS UNLESS SPECIAL PRIVILEGES ARE NEEDED)

Feature Rights	Grant	Remove	Feature Rights (cont)	Grant	Remove
Scan:	<input type="checkbox"/>	<input type="checkbox"/>	Move Object:	<input type="checkbox"/>	<input type="checkbox"/>
Import:	<input type="checkbox"/>	<input type="checkbox"/>	Process:	<input type="checkbox"/>	<input type="checkbox"/>
Search:	<input type="checkbox"/>	<input type="checkbox"/>	Extended Properties:	<input type="checkbox"/>	<input type="checkbox"/>
Print:	<input type="checkbox"/>	<input type="checkbox"/>	Privileges	Grant	Remove
Export:	<input type="checkbox"/>	<input type="checkbox"/>	Records Management:	<input type="checkbox"/>	<input type="checkbox"/>
Edit Text:	<input type="checkbox"/>	<input type="checkbox"/>			

Other changes/notes regarding special circumstances or access to additional groups (county indicate County(1) if desired):

APPROVAL/ROUTING INFORMATION			
Requested By (Unit Administrator):		Signature:	
Approved By (Department Head):		Signature:	
Document Management System Approved and Completed By:		Signature:	
		Completed Date:	

Instructions:

1. For AgriLife and College of Veterinary Medicine employees, add the Laserfiche access in AgriLife People, have the employee complete page 1 and then place page 1 of this form in the Work in Progress Document Management folder in Laserfiche.
2. For SRS employees, complete the entire form and e-mail the form to first-call@tamu.edu.
3. Detailed instructions, including instructions for removing access, are located at <http://agrilifelaserfiche.tamu.edu/documents/laserfiche-account-procedures.pdf>.