# Document Management System-User Access Form

I understand that I will be violating System Regulations and State and Federal law if I gain or help others gain unauthorized access to the Document Management System (DMS). 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; neither I, nor anyone else, possess the authority to allow me to use this information for non-Texas A&M Health Science Center purposes.

I also understand that if I violate System Regulations or State and Federal laws by gaining or helping others gain unauthorized access to the DMS, 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 the DMS, 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 DMS.

I further agree not to circumvent the computer security system by using or attempting to use any files, or resources I am not authorized to access.

**Name:** ___________________________  **UIN:** ___________________________

**Email:** ___________________________

**Signature:** ___________________________  **TAMHSC Dept # (4 digits):** __________

**Date**

<table>
<thead>
<tr>
<th>Create a New User</th>
<th>Modify User Access</th>
<th>Delete User</th>
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**TYPE OF USER:** Place a check mark in the appropriate box(es) to request access. If access is being changed, please be aware the most recent form submitted & processed will override all prior requests. Be sure to mark all boxes needed by the user.

- **General:** [ ] This option provides the user access to their department's open access files.
- **AP & Travel:** [ ] This option allows the user to access their department's ACCOUNTS PAYABLE & TRAVEL folders and files.
- **Contracts:** [ ] This option allows the user to access their department's CONTRACT folders and files.
- **Payroll & HR:** [ ] This option allows the user to access their department's PAYROLL & HUMAN RESOURCES folders and files.
- **Department Administrator:** [ ] This option provides the user with access to see ALL of their DEPARTMENT’S open access files plus all boxes listed above for their DEPARTMENT.
- **Component Administrator:** [ ] This option provides the user with access to see ALL of their COMPONENT’S open access files plus all boxes listed above for their COMPONENT.
- **Forms:** [ ] This option provides the user access to Laserfiche Forms to submit various HR requests.

**NOTES OR COMMENTS:**

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**DEPARTMENTAL APPROVAL**

**TAMHSC Department Head (Print Name):** ___________________________  **TAMHSC Department Head Signature:** ___________________________  **Date:** ___________________________

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*Please scan signed form and email to madrigal@tamhsc.edu*