



**FAMIS/CANOPY ACCESS REQUEST FORM**

Date Submitted: \_\_\_\_\_

**Please complete and return this form to:**

Susan Bowden  
Controller/Director of Accounting  
Room 106B

OR Steve Blum  
Manager, IT Services  
Room 117

**PART I: USER INFORMATION**

- Category:  1. New User  
 2. Add to Current Access  
 3. Replace Current Access  
 4. Delete User\*\*

Current FAMIS User ID: \_\_\_\_\_

\*\*Complete Part I, then skip to Part IV. User signature not required.

Name (Last, First, Middle): \_\_\_\_\_

Position/Title: \_\_\_\_\_ UIN: \_\_\_\_\_

Department: \_\_\_\_\_ Department Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PART II: ACCESS INFORMATION**

Access capability to FAMIS/CANOPY should be the same as: \_\_\_\_\_  
(name of person within department with similar access)

Subsystems:  FRS  FFX  AFR  SPR

Model Name: \_\_\_\_\_

Screens/Elements: If not using an established model or if requesting additional screens, list screens below.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



