



NYC Department of Education

Office of Fiscal Affairs , FAMIS Security Administration
65 Court Street, Room 1802, Brooklyn, NY 11201
718-935-3525 FAX: 718-935-5329

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USER ID (OFFICE USE ONLY)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> New User	<input type="checkbox"/> Update	<input type="checkbox"/> Delete				

FAMIS / Portal User ID Request / Update

NAME (PRINT) <input style="width: 100%;" type="text"/>	
LAST NAME	FIRST NAME
TITLE <input style="width: 300px;" type="text"/>	USER ID(S) <input style="width: 200px;" type="text"/>
	INDICATE <u>ALL</u> OTHER KNOWN USER IDs
PIN: <input style="width: 150px;" type="text"/>	PHONE <input style="width: 150px;" type="text"/>
MOTHER'S MAIDEN NAME (REQUIRED)	EXT <input style="width: 80px;" type="text"/>
	FAX <input style="width: 150px;" type="text"/>
DISTRICT(S) <input style="width: 150px;" type="text"/>	LOCATION CODE(S) <input style="width: 150px;" type="text"/>
SCHOOL/LOCATION NAME <input style="width: 500px;" type="text"/>	

INDICATE ONE ACCESS LEVEL ONLY (REQUIRED)

INITIATOR (100)
 APPROVER (200)
 INQUIRY ONLY
 OTHER - SPECIFY LEVEL

I understand that my FAMIS User I.D. and Password may only be used by me to perform job related functions.
By signing this form I agree not to share my User ID and Password with anyone else.

User Signature
 Email
 Date

DEPARTMENT HEAD APPROVAL (REQUIRED)

I certify the User indicated above to be an employee of the NYCDOE or my designee and will be performing functions relating to DOE Business.

Signature
 Title
 Email

Print Name
 Date
 Phone

Print/Copy this form. Mail or FAX completed signed form to address above