



NYC Department of Education

Office of Fiscal Affairs , FAMIS Security Administration
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|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| <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"/> | New User | | <input type="checkbox"/> | Update | | <input type="checkbox"/> | Delete |

FAMIS / Portal User ID Request / Update

NAME (PRINT)
LAST NAME FIRST NAME

TITLE USER ID(S)
INDICATE ALL OTHER KNOWN USER IDS

PIN: PHONE EXT FAX
MOTHER'S MAIDEN NAME (REQUIRED)

REGION (1-10) DISTRICT(S) LOCATION CODE(S)

SCHOOL/LOCATION NAME

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