Department of Education
Carmen Fariña, Chancellor

FAMIS Security Administration
65 Court Street, Room 1703, Brooklyn, NY 11201
718-935-3525 *FAX: 718-935-2795*

FAMIS Portal User ID Request

Last Name: _____ First Name: _____

PIN (Mother's Maiden Name) Required: _____

Phone Number _____ Ext. _____ Fax Number _____

District (s) _____ Location (s) _____

School/Location Name _____

Access Level/Type (Required): [ ]

e-mail _____ Current Date _____

I understand that my FAMIS User I.D. and Password may only be used by me to perform job related functions.

By submitting this form I agree not to share my User ID and Password with anyone else.

Department Head Approval (Required)

I certify that the User indicated above is an employee of the New York City Department of Education or my designee and will be performing functions relating to DOE Business. I understand that I am responsible for submitting a request to terminate this User upon retirement, resignation or termination.

Approved by _____

Title _____

Phone _____ Ext. _____

e-mail _____

Print Form

Approver must Submit