



FAMIS Security Administration

FAMIS Portal User ID Request Form

By submitting this form, I agree not to share my user ID and password with anyone else. I understand that my FAMIS user ID and password are for use only by me to perform job related functions.

Last Name: _____ First Name: _____

PIN required for resetting password: _____

Phone Number: _____ Ext: _____

E-mail: _____

Non-Public School District 55 Charter School District 84 Location: _____

Access Level: Initiator L-100, Approver L-200, Inquiry Only, Other: _____

Role: Ordering/Approving Payment/Voucher

School name: _____

Applicant/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.

Applicant Signature: _____

Approved by Signature: _____

Title: _____

Phone Number: _____ Ext: _____

E-mail: _____