Texas A&M University Division of Finance
IMG - 700 Student Financial Services Imaging Access Request
Send completed forms to Mail Stop #6000, Attn: Security.

User Information (Information must include your official first name, middle initial and last name.)

First Name_____ MI _____ Last_____

Title:_____ Department Code:_____ Mail Stop:_____

Phone Number:_____Email_____ UIN:_____

Check the requested service: Add User ◯ Delete User ◯ Change User Access ◉

Select access needed:

Ascent Capture Yes ◯ No ◯ Access to scan documents; use Quality Control, Validation and Verification procedures. Automatically authorizes use of Enterprise Reports Program, which is a necessary component, to access the scanning stations.

Workplace **(AKA Content Services)** Yes ◯ No ◯ Imaging system with access to the SFSV Content Services Library. If you have selected workplace, please select the additional Membership and User Options below.

Workplace User Options:
Select the appropriate combination of Group Memberships and User Options based upon the following descriptions:

Viewer: Users can view and print documents.

Author: Same access as Viewer, but can also check out documents, create revisions, cancel checkout, check in documents and annotate images by using highlights, sticky notes, and overlays on documents without modifying documents.

Owner: Same access as Author, but can also change properties of documents that they own, can modify document properties, archive/reclaim documents and index/de-index documents.

Group Memberships	Viewer	Author	Owner
Accounts – Billing	◯	◯	◯
Aggie Card	◯	N/A	N/A
Cashiers	◯	◯	◯
Director's Office	◯	◯	◯
Loan-Debt Management	◯	◯	◯
SFS- Everyone	◯	N/A	N/A
SFS-External Users	◯	N/A	N/A

Security Statement

I understand that I will be violating System Rules and Regulations and State and Federal law if I gain or help others gain unauthorized access to information stored in the Texas A&M University Division of Finance Imaging system. I acknowledge that neither I, nor anyone else, possess the authority to allow anyone to use my I.D. or password. Furthermore, I understand that information I have access to view may be confidential in nature (i.e., social security numbers and payroll information); neither I, nor anyone else, possess the authority to allow me to use this information for non-System purposes. I also understand that if I violate System Regulations and State and Federal laws by gaining or helping others gain unauthorized access to information stored in the Imaging system, I will be subject to disciplinary action and criminal prosecution to the full extent of the law (Chapter 33, Title 7 of the Texas Penal Code).

By logging on to this computer system, I acknowledge my responsibility for strictly adhering to System Regulations and State and Federal laws. I am also aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information from the Imaging system. I further agree not to attempt to circumvent the computer security system by using or attempting to use any transactions, software, files or resources I am not authorized to use

Signatures Required

User Signature _____ (Print Name) X _____ (Signature) Date_____

Administrative Authorization _____ (Assistant Director) X _____ (Signature) Date_____

Received	Entered Database	Entered System	E-Mailed	Comments: