

**Prairie View A&M University**  
**FAMIS/Canopy Department Authorization Change Form**

Department

Sub Department

Responsible Person/Approver

Name  UIN   
Title  Email  Phone

I hereby acknowledge responsibility for activity on FAMIS belonging to this department. In addition, I accept designation as Accountable property officer and assume accountability for assets belonging to this department. I understand I am under financial liability for loss or damage to the property in this department if the loss or damage results from my negligence, intentional act, or failure to exercise reasonable care to safeguard, maintain and service the items.

Signature of Approver

Date

Additional Approvers (Must have a back up Approver)

1 Name	<input type="text"/>	UIN	<input type="text"/>	Signature	<input type="text"/>
2 Name	<input type="text"/>	UIN	<input type="text"/>	Signature	<input type="text"/>
3 Name	<input type="text"/>	UIN	<input type="text"/>	Signature	<input type="text"/>
4 Name	<input type="text"/>	UIN	<input type="text"/>	Signature	<input type="text"/>

Creators (Must have a back up Creator)

Remove

1 Name	<input type="text"/>	UIN	<input type="text"/>	<input type="checkbox"/>
2 Name	<input type="text"/>	UIN	<input type="text"/>	<input type="checkbox"/>
3 Name	<input type="text"/>	UIN	<input type="text"/>	<input type="checkbox"/>
4 Name	<input type="text"/>	UIN	<input type="text"/>	<input type="checkbox"/>
5 Name	<input type="text"/>	UIN	<input type="text"/>	<input type="checkbox"/>

Optional Pre-Approver/Allocator

1 Name	<input type="text"/>	UIN	<input type="text"/>
2 Name	<input type="text"/>	UIN	<input type="text"/>

Additional Comments