



Division of Academic Affairs
1601 S. Martin Luther King Blvd.
Lee Hall/ Suite 300
Tallahassee, FL 32307

Canvas Course Access Authorization Form

This form should be completed by the instructor of record.

First Name: _____ Last Name: _____

College/School: _____

Department/Division: _____

Terms of Consent

By checking this box and signing below, you certify that you agree to grant access of your course content materials, i.e., video, lecture notes, graphics, etc. to an external vendor for course conversion and/or online course development purposes only. Any other unauthorized use of course content materials is prohibited.

Course Name:(Ex. FAMU Essentials) Course ID: (Ex. FAM3000) Section:(EX. 501) Term:_____

Course Name:_____ Course ID: _____ Section:_____ Term:_____

Select Access Role: Student Teacher TA Designer Observer

Course Name:_____ Course ID: _____ Section:_____ Term:_____

Select Access Role: Student Teacher TA Designer Observer

Course Name:_____ Course ID: _____ Section:_____ Term:_____

Select Access Role: Student Teacher TA Designer Observer

Print Name: _____

Signature: _____

Date: _____

Please submit this form to oit@famuedu.

For Office Use ONLY

VENDOR NAME: _____

OIT Approval: _____ (Initials)