Facilities Services - Access and Alarms Authorization Form

This form is to be completed to notify the Access Unit who is currently authorized to request access for the department/unit. This form must be updated upon personnel changes to keep us up to date.

Please check all that apply

☐ Alarms  ☐ Electronic Access  ☐ Metal Keys

Date: ____________________________
Department: ____________________________
Address: ____________________________

<table>
<thead>
<tr>
<th>Department Head</th>
<th>Name (typed):</th>
<th>Signature:</th>
<th>Work Address:</th>
<th>Phone Number:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Controller</td>
<td>Name (typed):</td>
<td>Signature:</td>
<td>Work Address:</td>
<td>Phone Number:</td>
<td>Email:</td>
</tr>
<tr>
<td>Alternate Access Controller</td>
<td>Name (typed):</td>
<td>Signature:</td>
<td>Work Address:</td>
<td>Phone Number:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

* If form is missing signatures it will be returned for completion.