

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: _____

Department Head	Name (typed): _____ Signature: _____ Work Address: _____ Phone Number: _____ Email: _____
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Access Controller	Name (typed): _____ Signature: _____ Work Address: _____ Phone Number: _____ Email: _____
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Alternate Access Controller	Name (typed): _____ Signature: _____ Work Address: _____ Phone Number: _____ Email: _____
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* If form is missing signatures it will be returned for completion.