



Building Security System Codes Request Form

Please issue the following codes to:

Employee: _____

Employee ID #: _____

Employee Title: _____

Building (Or Location)	New Code	Code Cancellation
_____	_____	_____
_____	_____	_____

Requested by:

 Department Head

 Date

 Dean

 Date

Authorized by:

 Vice President or President Direct Report

 Date

My signature below indicates that I am totally responsible for the security system codes I am receiving. I agree that I will not disclose these codes to any persons. Should I forget my codes or loose my codes card, I agree to immediately contact either my supervisor, or the Physical Plant, at 343-7818, or Campus Police at 343-7624.

 Received by (Employee):

 Date