

Access Control
Designee Authorization Form

Department/Area: _____

I authorize the following individuals to request new keys and grant card access for the areas controlled by my respective unit.

Designee Name (Print): _____

Title: _____

Signature: _____

Designee Name (Print): _____

Title: _____

Signature: _____

Designee Name (Print): _____

Title: _____

Signature: _____

Dean/Vice President (Print): _____

Title: _____

Signature: _____

Date: _____