

TEXAS A&M UNIVERSITY
Department of Chemistry

Security Access Request

Name: _____
Department: _____
Title: _____
Home Phone: _____
Office Phone: _____
E-mail: _____
Supervisor: _____
Supervisor's Phone: _____

I acknowledge that I am receiving security access to teaching, research, and office areas in the Chemistry Building, as requested below. I have made room reservations. By signing, I agree and accept the responsibility for the areas that I open and will make sure they are vacant, closed and locked before I leave. I will not give access to others except as needed to perform my duties within those areas. If I lose my *Aggie Card (student or staff ID card)*, I will immediately report the loss to 845-3335. Replacement of a lost A&M ID card is dependent upon University regulations.

I agree and accept the conditions as stated above:

Signature

Areas I am requesting access: _____ Permanent Access
_____ Temporary Group Access Code
_____ Temporary Card Access

Areas: _____ Outside Doors _____ Classrooms _____ Labs

What time period(s) should access include?

_____ Weekdays only _____ Weekends only _____ Everyday _____ 24 hours

_____ 7:00 am - 7:00 pm _____ 7:00 pm - 10:00 pm _____ 7:00 pm - 7:00 am

_____ Other (specify): _____

What calendar dates should access include? (i. e., April 10, 2004 thru August 3, 2005, etc.)

Reason for requesting access: _____

Recommendation by: (print supervisor's name): _____ Phone: _____

Supervisor's Signature (Required): _____

Please return this form to Chemistry Building Room 122.

For Office Use Only

UIN: _____

Completed General & Work Area Specific Hazardous Communications Program Training: _____

Employment Status in Department: _____

Room No: _____ Floor: _____ Wing: _____

Access Approved: _____ Date: _____

Access Denied: _____ Date: _____

Activated By: _____ Date: _____

Terminated By: _____ Date: _____