

## TEXAS TECH UNIVERSITY HSC-EL PASO REQUISITION FORM IDENTIFICATION / SECURITY ACCESS

New Badge	sfer Ch	ange Access	Title Change
Issue to:(Last)	(First)	(Middle)	R Number:(# required for access)
Date of birth:	Driver's License #	:	State:
Home Address:			Contact #:
Title:		Department:	
Supervisor:			
The identification / security access badge is property of the Texas Tech University Health Sciences Center El Paso and for the exclusive use of the person to whom it is issued. It is not to be borrowed, loaned, rented, or sold. The device must be returned to the Texas Tech El Paso Police Department at the end of employment or enrollment at Texas Tech Health Sciences Center El Paso and shall not be passed on from one employee or student to the next. Any device that is being misused shall be confiscated by a University Official or the Texas Tech El Paso Police Department and access removed from the system. "This is to certify that I understand that my Device use may be reviewed each semester. If I do not meet the above outlined criteria, privileges will be cancelled."			
Signature of Applicant:			Date:
AUTHORIZED SIGNER PLEASE SPECIFY ACCESS OF THE APPLICANT			
Days of the week:	Monday - Friday	Sund	ay - Saturday
Access Time Requested:	6am-10pm	Journal	
Access Time Requested:	6am-10pm (Authorizing signatu	7am-7pm	5am-7pm 24 Hrs.
Authorized Signer:	(Authorizing signatu	7am-7pm	5am-7pm 24 Hrs.
Authorized Signer: Applicants shall present th	(Authorizing signatu	Tech El Paso Police	5am-7pm 24 Hrs.
Authorized Signer: Applicants shall present th	(Authorizing signatu iis form to the Texas T nent with photo req	Tech El Paso Police	5am-7pm 24 Hrs.

Date: