TEXAS TECH UNIVERSITY SYSTEM REQUISITION FORM IDENTIFICATION / SECURITY ACCESS DEVICE

				☐ Replacement Badge	
legue to (Namo):				TTU ID #:	
Issue to (Name):	(Last)	(First)	(Middle)		
First Name Only Badge:	☐ YES	□NO	Credentials:		
Date of Birth:		Driver's License #		State:	
Local Address: Local Phone:					
Position Title:	Department/Division:				
Building / Office / Room Number: Phone:					
Email address:					
Supervisor's Name:					
The identification / security access device is the property of the Texas Tech University System and is for the exclusive use of the person to whom it is issued. It is not to be borrowed, loaned, rented, or sold. Any device that is being misused shall be confiscated by a University Official or the Texas Tech Police Department and access removed from the system. By signing below, I certify all answers to questions / statements / selections contained in this form are true, complete and correct to the best of my knowledge. I further understand, any statement, falsification, or omission of information will be sufficient ground for rejection of the form, or termination of employment. 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:			Da	ate:	
Access Level (s): HSC AMA PAC OSD Level 1 Level 2 Level 2 Level 2 (Other Areas Must Be Typed)					
Authorized Signature: (Authorizing Signature must be on file with the Texas Tech Police Department)					
Applicants should present this issued photo ID (driver's licer	s form to the TTP	O Office in Suite 4900. You		d to show a government	
Texas Tech Police Department Processing					
Proximity Card/FOB Code:					
Date of Issue/Change: By:		Date of Termination: By:			

Name and Badge Number

Name and Badge Number

☐ New Badge / FOB

☐ Change Access

Terminate Access

