

**TEXAS TECH UNIVERSITY SYSTEM  
REQUISITION FORM  
IDENTIFICATION / SECURITY ACCESS DEVICE**

- New Badge / FOB
- Terminate Access
- Change Access
- Replacement Badge

Issue to (Name): \_\_\_\_\_ TTU ID#: \_\_\_\_\_  
(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: \_\_\_\_\_ Phone: \_\_\_\_\_

**IDENTIFICATION / SECURITY ACCESS DEVICE**

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: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT USE ONLY**

- |                   |   |                                  |  |   |
|-------------------|---|----------------------------------|--|---|
| Access Level (s): | <input type="checkbox"/> HSC AMA Outside Doors Level 1              | <input type="checkbox"/> Level 2 | <input type="checkbox"/> HSC AMA SOM Internal Medicine Level 1   | <input type="checkbox"/> Level 2                                  |
|                   | <input type="checkbox"/> HSC AMA Full Access                        |                                  | <input type="checkbox"/> HSC AMA SOM Laboratory Services Level 1 | <input type="checkbox"/> Level 2                                  |
|                   | <input type="checkbox"/> HSC AMA SOM Allied Health Level 1          | <input type="checkbox"/> Level 2 | <input type="checkbox"/> HSC AMA SOM MS III & MS IV              |   |
|                   | <input type="checkbox"/> HSC AMA SOM Clinical Research Unit Level 1 |                                  | <input type="checkbox"/> HSC AMA SOM OB/GYN Level 1              | <input type="checkbox"/> Level 2                                  |
|                   | <input type="checkbox"/> HSC AMA SOM Deans Suite Level 1            | <input type="checkbox"/> Level 2 | <input type="checkbox"/> HSC AMA SOM Pediatrics Level 1          | <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 |
|                   | <input type="checkbox"/> HSC AMA SOM Electronic Health Level 1      | <input type="checkbox"/> Level 2 | <input type="checkbox"/> HSC AMA SOM Student Center Level 1      |   |
|                   | <input type="checkbox"/> HSC AMA SOM Family Medicine Level 1        | <input type="checkbox"/> Level 2 | <input type="checkbox"/> HSC AMA SOM Surgery Level 1             | <input type="checkbox"/> Level 2                                  |
|                   | <input type="checkbox"/> HSC AMA SOM 1 <sup>st</sup> Year Residents |                                  |  |   |

Other \_\_\_\_\_  
(Other Areas Must Be Typed)

**APPROVAL:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Authorizing Signature must be on file with the Texas Tech Police Department)

Applicants should present this form to the TTPD Office in Suite 4900. You should be prepared to show a government issued photo ID (driver's license) when you pick up your ID.

**Texas Tech Police Department Processing**

Proximity Card/FOB Code: \_\_\_\_\_

Date of Issue/Change: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Badge Number

Date of Termination: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Badge Number