

**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 # \_\_\_\_\_

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):  HSC Medical Examiner Level 1  
 HSC Medical Examiner Level 2

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 at BA104. 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