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):
- ☐ No Access
- ☐ HSC Outside Doors Level 1
- ☐ HSC Preston Smith Library (after hours)
- ☐ HSC LARC Level 1
- ☐ HSC LARC Level 2
- ☐ HSC LARC Level 3
- ☐ HSC LARC Level 4
- ☐ 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: _____ Date of Termination: _____
By: _____ By: _____
Name and Badge Number Name and Badge Number

Updated 3/2023

CONFIDENTIAL