

**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 Outside Doors Level 1 | <input type="checkbox"/> HSC PMP MPIP Level 2 |
| | <input type="checkbox"/> HSC PMP Level 1 | <input type="checkbox"/> HSC MPIP CASHIERS B092 |
| | <input type="checkbox"/> HSC PMP Level 2 | <input type="checkbox"/> HSC MPIP SAFEROOM B092A |
| | <input type="checkbox"/> HSC PMP Family Practice | <input type="checkbox"/> HSC MPIP B093G |
| | <input type="checkbox"/> HSC PMP Internal Medicine | <input type="checkbox"/> HSC MPIP CFS BACK B095C |
| | <input type="checkbox"/> HSC PMP OB/GYN | <input type="checkbox"/> HSC MPIP MAIN ACCESS |
| | <input type="checkbox"/> HSC PMP Orthopedics & Surgery | <input type="checkbox"/> HSC MPIP MAIL ROOM B096 |
| | <input type="checkbox"/> HSC PMP Pediatrics | <input type="checkbox"/> HSC MPIP TRAINING ROOM B097 |
| | <input type="checkbox"/> HSC PMP Radiology and Orthopedics | <input type="checkbox"/> HSC MPIP GCA HOUSEKEEPING |
| | <input type="checkbox"/> HSC PMP MPIP Level 1 | <input type="checkbox"/> HSC PMP Basement Room B093A |
| | <input type="checkbox"/> 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: _____ Name and Badge Number	By: _____ Name and Badge Number