



FACILITY ACCESS AUTHORIZATION REQUEST

PURPOSE: To grant authority for an individual to access University locations during times when those locations are locked. Such authorization acknowledges that the individual to whom access is assigned has the authority and the functional responsibility to enter those locations. The person to whom access is being granted must read and agree to comply with policy AD68 prior to receiving the access requested. This form is administered by the Access Coordinator, who will record the approval of such access requests and maintain this document in their files.

RESTRICTIONS:

- This facility authorization grants access only to the Requestor named on this form.
- · Access is limited to the areas approved on this form.
- · Access is restricted to the specified and approved days and times.
- Access to the facility will be for the approved purpose and by the approved means, as determined by the Access Coordinator.
- · Non-employees require a University-employed sponsor, and can only request

LOST OR STOLEN KEY/ACDs:

•The loss of a key/ACD must be reported immediately to the Access Coordinator by the individual to whom the key/access card has been issued. Completion of a new form will be required.

ACCESS CHANGES:

•If access needs to be changed from those which have been granted herein, the said individual will notify the Access Coordinator for completion of a new Facility

Name of Requestor (Print):		Date of Request:		
PSU-ID / Driver License #:	Phone Number:		Email:	
Department / Company:				
Name of Immediate Supervisor / Sponsor (F	Print):			
Name of Next Level Manager, if Required (P	Print):			
Area(s) Requestor Needs Access To:				
Justification for Access:	enn	Sila	te	
Duration of Access Required:	ermanent	Temporary	Start Date:	
Days/Times Access Is Required:				
			From:	
Monday Tuesday Wednesday	Thursday Friday	Saturday	Sunday To:	
AD68 ADVISEMENT STATEMENT: As specified in Policy AD68, all keys and access credential of non-employee. Duplication of keys/ACDs, or possession of (all others) for the appropriate sanctions. When appropriate, requirements change, the individual will be required to notify to their access credential clearances, as applicable. These University, or (3) accepting employment in a different area of Recovery costs will be charged to an individual's departmen University. In addition, recoring costs may also be charged will assess the vulnerability of area(s) compromised by the I	of duplicate keys/ACDs, will result in re- e, criminal sanctions under fraud and of fy their area Access Coordinator and ne- e circumstances can include, but are no for the University. Lost keys/ACDs will nt for each lost or unreturned key (include as defined in Procedure SY2001. The	oferral to the Office of Stude counterfeiting statutes may make the appropriate char not limited to: (1) access of the reported to the Universeluding keys to leased proper Access Coordinator, Universeluding keys to leased properseluding keys to lease the latest prop	lent Conduct (students) or the y also result. In the event that iges, including the return of th nanges in their current area of sity Access Controller as defin verties) and/or access credent versity Access Controller and	Office of Human Resources an individual's access eir keys/ACDs, and/or change employment (2) leaving the ed in Procedure SY2001. ial devices issued by the
APPROVALS:				
I concur with this request, affirm that	the Requestor has been advised	l of policy AD68, and h	ave provided a copy if req	uested.
Signature of Supervisor/Sponsor			Date	
Signature of Next Level Supervisor/				
Manager (where required)			Date	
I concur with this request for access.				
Signature of Access Coordinator			Date	
Approved Access Device is (determine	ed by Access Coordinator) :	Key	ACD	

11-07-13

Requestor Signature	 Date	
07-13		Form GF8-18