ACC	CESS COORDINATOR AUTHORIZATION FORM
The Behrend College	Police Services 10 Erie Hall
specified campus, college, department	ppoints the said individual as the Access Coordinator for the or area, in accordance with Policy SY19, <i>University Access</i> <i>ity Access: Clearance and Keys; Authorization, Issuance,</i>
<ul><li>buildings primarily under the contro area.</li><li>Upon written authorization of the bu administrator, assign an individual a</li></ul>	e control of all keys and/or clearances for rooms and/or I and jurisdiction of that college, campus, department or udget executive, budget administrator or other appropriate a clearance and/or key, as appropriate, to permit the
	ce assigned, per applicable University policies and
<ul> <li>Make any subsequent changes to a changes.</li> </ul>	any clearance assignments, if and when access to a facility
for approval. Upon Budget Executive/Ac University Access Controller (area shou appointment, the area must complete th	submits this form to the Budget Executive or Administrator Iministrator approval, the original form will be sent to the Id make a copy for their records). If TERMINATING an e "Termination of Appointment" section, then send a copy introller for termination of the appointment.
Coordinator (Please Print):	
Department or Area:	
Campus Phone:	Email Address:
	Budget Number:
	ns of University Key Policy SY19, Procedure SY2001, AD24 and ess Coordinator.
cess Coordinator Signature	Date
dget Executive or Administrator	Date
	College Completion and approval of this form ap specified campus, college, department of Policy, and Procedure SY2001, Universit Deposit and Fees.  To maintain systematic and effective buildings primarily under the control area. Upon written authorization of the bu administrator, assign an individual a individual access to department fac Record each key issued or clearand procedures. Make any subsequent changes to a changes. The Access Coordinator completes and for approval. Upon Budget Executive/Ad University Access Controller (area shoul appointment, the area must complete th of the form to the University Access Controller (area shoul appointment, the area must complete th of the form to the University Access Controller (area shoul appointment or Area: Campus Phone: Coordinator (Please Print): d, and agree to comply in full with all of the term iversity policies in performing my duties as Access exess Coordinator Signature