

## TEXAS TECH UNIVERSITY HSC-EL PASO REQUISITION FORM IDENTIFICATION / SECURITY ACCESS

New Badg		ransfer	Change Acces	is	Title Chang	ge	
Issue to:	(Last)	(First)	(Middle)	R	l Number:	(# required for access)	
Date of birth: Driver's License #: _			ense #:		State:		
Home Address: _				Conta	act #:		
Title:			Departme	:nt:			
Supervisor: _							
the exclusive use of returned to the T Sciences Center El misused shall be con	security access the person to w Fexas Tech El Pa I Paso and shall nfiscated by a U	s badge is property whom it is issued. laso Police Departn I not be passed on University Official o	It is not to be bornment at the end of e from one employee or the Texas Tech El the system.	University I rowed, loane employment e or student I Paso Police wed each se	Health Science ed, rented, or so or enrollment to the next. A e Department a	es Center El Paso and for sold. The device must be at Texas Tech Health Any device that is being and access removed from do not meet the above	
Signature of Ap	Signature of Applicant:			Date:			
	AUTHORIZ	ZED SIGNER PLE	ASE SPECIFY ACC	CESS OF TH	HE APPLICAN	NT	
Days of the	week:	Monday - Frid	ay <u></u>	Sunday - Sa	aturday		
Access Time	Requested:	6am-10pr	n 7am-	7pm	5am-7pm	24 Hrs.	
Authorized Sign	er:	(Authorizing	signature must be on	file at TTEPP	'D)		
Applicar	nts shall present	t this form to the	Texas Tech El Paso	Police Depa	rtment at 200	Rick Francis.	
Governme	ent issued doc	ument with pho	oto required wher	ı presentin	ıg this form f	for processing.	
INTERNAL USE							
Card #:			Processed	by:			
	Date	e:					