

IDENTIFICATION / SECURITY ACCESS

New Badge
 Transfer
 Change Access
 Volunteer

Issue to: _____	TTUHSC ID#: _____
(Last) (First) (Middle)	(ID# required)
Date of Birth: _____	Driver's License #: _____ State: _____
Home Address: _____	Contact #: _____
Title/Position: _____	Dept. /Division: _____
Building/Office/Room #: _____	Office Phone: _____
Email Address: _____ @ _____	
Supervisor's Name: _____	Supervisor's Phone: _____

IDENTIFICATION / SECURITY ACCESS DEVICE

The identification / security access badge 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. The device must be returned to the Texas Tech Police Department at the end of employment or enrollment at Texas Tech University or Texas Tech Health Sciences Center and shall not be passed on from one employee or student to the next. 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.

"This is to certify that 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: _____

SON Department Access

- | | |
|--------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> SON Master 24/7 except IT and Maintenance | <input type="checkbox"/> SON Maintenance 24/7 |
| <input type="checkbox"/> SON Admin Personnel Access 24/7 | <input type="checkbox"/> SON M-F 7a-7p except IT and Maint |
| <input type="checkbox"/> SON IT Personnel Access 6a-10p Sun-Sat | <input type="checkbox"/> SON Students 5A-12A Sun-Sat |
| | <input type="checkbox"/> No Access – ID Only |

Applicants should present this form to the Texas Tech Police Department at 200 N Concepcion
Date/Time: Monday-Friday between 8am-5pm. You should be prepared to show a government issued photo ID.

Internal Use

Proximity Card #: _____	Processed By: _____
Date of Issue/Change: _____	Date of Termination: _____