

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER - AMARILLO
REQUISITION FORM For ACCESS CARD (ONLY)

Applicant _____ Tech ID (R#) _____
Last First Middle

Position Title: _____ Department/Division: _____

ACCESS CARD: This individual is authorized for exterior access into the following buildings:

- ☐ Pharmacy Academic Center, 1310 Coulter
☐ School of Pharmacy, 1300 Coulter

This Individual is authorized to receive interior access to the following room or door numbers. **Note: please include any time and/or date restrictions, ie: business hours only (M-F with no weekends/holidays), 24/7, rotation/clerkship or copy other employee.**

Access cards are the property of TTUHSC and are for the exclusive use of the person to whom they are issued. They are not to be borrowed, loaned, rented, or sold. Access cards must be returned to TTUHSC Police at the end of employment or completion of course work and shall not be passed on from one individual to another. Any Access card that is altered or being misused such as applying adhesives or tapes, may be confiscated. **I understand that if my Access Card is lost or abused I will be assessed a fee of \$10.00 per each lost or abused access device. Notify the Police immediately if your access device is lost, damage or stolen.**

"This is to certify that I understand that my Entry Card use may be reviewed each quarter. If I do not meet the above outlined criteria, my privileges may be suspended."

Only Original Signatures Below Will Be Accepted

Signature of Applicant: _____ Date: _____

Signature of Supervisor: _____ DID# 414-_____

Print Supervisor Name: _____

Person Completing this Form: _____ DID# 414-_____ Date: _____

APPROVAL

AUTHORIZED SIGNATURE: _____ Date: _____
Authorizing Signature must be on file with TTUHSC Police

Position Title: _____

Exterior Master Access Signature: _____ Date: _____

ARB Animal Use Training Confirmation: _____ Date: _____
LARC Manager

This Original form must be presented to TTUHSC Amarillo Police before any access card distribution.
Copies are not accepted.

TTUHSC Police Use Only

Access Card # _____ Facility Code #: _____ Access Group: _____

SIGNATURE: _____

Card Received by: _____ Date: _____