

Alarm Code Request Form

Employee information

Date: _____

User Name: _____ Title: _____
(Please print)

Room Number/s Code Requested For: _____

Building Name/s : _____ Campus: _____

Signature: _____ Phone or E-Mail: _____

Four Digit Code Requested: __ _ __ _

You will be contacted by phone or e-mail when code is active. Note: Codes are not to be shared or used by anyone except the mentioned user. Code user is fully responsible for location security during usage of location. Misuse of code will result in termination of the code from the system.

This section is to be filled by the person authorizing the user to have a code

I, (Dean/Administrator) _____ give authorization to
(Please print)
the above personnel to enter the above mentioned location/s.

Signature of Dean/Administrator: _____ Title: _____

Telephone Number: _____

Date For Code To Be Terminated: _____ *(If applicable)*

Note: The location administrator is responsible to inform the alarm department to delete the code upon user's termination.

The Alarm code request forms must be sent in a secure envelope via CNM interoffice mail to: IT dept. SCR-bldg. Alarm Shop, Or scanned & E-mail to; byates@cnm.edu ... **Incomplete request forms will not be processed and will be sent back to the department to be completed.** For questions please call 224-4000 ext.51796