

FOR OFFICIAL USE ONLY

ALARMED FACILITIES ACCESS AUTHORIZATION

1. TO:	2. FROM:
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3. PERSONS LISTED BELOW ARE AUTHORIZED TO PERFORM THE FUNCTIONS INDICATED

A. EMERGENCY CONTACTS

	NAME (1)	GRADE (2)	ADDRESS (3)	HOME PHONE NO. (4)
(a) PRIMARY				
(b) ALTERNATE				

B. CUSTODIANS

	NAME (1)	GRADE (2)	ADDRESS (3)	HOME PHONE NO. (4)
(a) PRIMARY				
(b) ALTERNATE				

4. ACTIVATE AND DEACTIVATE FACILITY NO.			5. RECEIPT FOR AUTHENTICATION CODES		
NAME A.	SSN B.	TELEPHONE C.	NAME A.	SSN B.	TELEPHONE C.
(1)			(1)		
(2)			(2)		
(3)			(3)		
(4)			(4)		
(5)			(5)		
(6)			(6)		
(7)			(7)		
(8)			(8)		
(9)			(9)		
(10)			(10)		
(11)			(11)		
(12)			(12)		
(13)			(13)		
(14)			(14)		
(15)			(15)		
(16)			(16)		
(17)			(17)		
(18)			(18)		
(19)			(19)		
(20)			(20)		
(21)			(21)		
(22)			(22)		
(23)			(23)		
(24)			(24)		
(25)			(25)		
(26)			(26)		

6. AUTHORIZING OFFICIAL		7. AUTHENTICATION OFFICIAL	
A. TYPED NAME OF AUTHORIZING OFFICIAL	B. GRADE	A. TYPED NAME OF AUTHORIZING OFFICIAL	B. GRADE
C. SIGNATURE	D. DATE	C. SIGNATURE	D. DATE

8. ALARMED AREA	9. HQC ROOM NUMBER	10. TELEPHONE EXT.	11. SECURITY HOURS	12. MONTH	13. OFFICE SYMBOL
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