

UNIVERSITY OF NORTH TEXAS™

ADDITION OR REVISION OF AUTHORIZER

UNT Facilities
Door Systems Office
307 S. Avenue B, Suite 006

Phone: (940) 565-4888
Fax: (940) 369-7158
Fax: (940) 369-8973

Requester's Name:

Date:

Department:

Dept. Phone #:

Select Appropriate Box: Add Delete Revise

No data will be revised to the Access Control Database until this form is received and approved by the Executive Director for Facilities.

CHANGES TO AUTHORIZER'S FILE

Please list changes to Authorizer's file in sections below.

Authorizer's Last Name:

Authorizer's First Name:

Authorizer's Phone Number:

Buildings:

Rooms:

Buildings:

Rooms:

Additional Information

List any additional information needed to process this request below.

APPROVAL

Obtain the appropriate signatures below and forward this form to the Door Systems Office

Requester's Signature (See Policy 8.1 Paragraph 4.A):

Printed Name

Title

Date:

Executive Director of Facilities Signature:

Approved Denied

Date: