

# UNIVERSITY OF NORTH TEXAS™

## DEVIATION FROM DOOR SYSTEMS POLICY REQUEST

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

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

Authorizer's Name:

Date:

Department:

Dept. Phone #:

### DEVIATION REQUEST

Describe the proposed deviation and why the deviation is needed in the section below.

### SECURITY MEASURES

Describe the alternate measures that will be used to maintain security.

### APPROVAL

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

\_\_\_\_\_  
Authorizer's Signature:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Date:

\_\_\_\_\_  
Executive Director of Facilities Signature:

Approved  Denied

Date: