

## The University of Texas Health Science Center at San Antonio Access Request

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Request Date \_\_\_\_\_  
Last Name, First Name MI

Department \_\_\_\_\_ Dept Code \_\_\_\_\_ Phone# \_\_\_\_\_

### Access Information

Request must be signed by person needing access before it gets to UT Police. Please sign in Agreement section.

Department Completes								
Bld #	Room	Timeframe	Bld #	Room	Timeframe	Bld #	Room	Timeframe

Authorized Signature	Date

**Refer to HOP 8.7.12 for  
definition of Authorized  
Signature**

### Issuance Agreement

I agree to adhere to the Card Access Policy as per University Handbook of Operating Procedures. I acknowledge it is my obligation to read HOP 8.7.12 that explains the universities policy on access.

- ▶ I am responsible for use and control of my ID.
- ▶ I will not loan or transfer my ID in any way.
- ▶ All IDs remain the property of the university.
- ▶ I shall not open any doors for other people.
- ▶ The ID should not be altered, defaced or duplicated.
- ▶ Theft or loss of an ID must be reported to UT Police immediately.
- ▶ I understand that failure to abide by the above rules is punishable by disciplinary action, up to and including termination.
- ▶ I understand that with access on my ID I must take extra precautions to protect it from loss or theft. In the wrong hands, my ID could cause a severe security breach that may cause many man-hours and dollars of research to be lost through theft or destruction of personal property and even endanger university personnel.

\_\_\_\_\_  
Signature                      Date

Date Department notified of access \_\_\_\_\_ Time \_\_\_\_\_  Phone and or  Email

Person notified \_\_\_\_\_

Employee  Student  Other \_\_\_\_\_