

ACCESS COORDINATOR AUTHORIZATION FORM

PURPOSE: Completion and approval of this form appoints the said individual as the Access Coordinator for the specified campus, college, department, or area, in accordance with Policy AD68 University Access Policy, and Procedure SY2001 University Access: Clearance, Keys, and Access Devices; Authorization, Issuance, and Fees.

AUTHORITY/RESPONSIBILITY:

- To maintain systematic and effective control of all HFS Access Cards and/or clearances for rooms and/or buildings primary under the control and jurisdiction of that college, campus, department, or area.
- To assign an individual a clearance(s), and/or key(s) and/or Access Card, as appropriate, to permit the individual access to University facilities.
- Record each clearance(s), and/or key(s), and/or Access Card assigned, per applicable University policies and procedures.
- Store, protect, distribute, authorize new or duplication of keys or core changes, and audit access devices.
- Make any subsequent changes to any clearance assignments, if and when access needs to a facility changes.
- Other duties and responsibilities, as specified in Procedure SY2001.
- The privileges of this role will not be utilized for any reason other than to perform your job functions.

INSTRUCTIONS: The Access Coordinator shall complete and submit this form to the Master Access Coordinator for approval. Upon the Master Access Coordinator's approval, the original form will be sent to Physical Security via upload to our request website (below). If **terminating** an appointment, the area must notify the Physical Security Office of the effective date of termination of the appointment by completing the form on our request website (below).

Physical Security Request Website: <https://www.police.psu.edu/report-issue-or-make-request>

Request Ccure Operator Access, Modification, or Removal of Access Form

REQUEST INFORMATION:

Name of Access Coordinator: _____

College, Campus, Department, or Area: _____

Penn State ID#: _____ Phone #: _____

Office Address: _____ Email: _____

ACCEPTANCE: I have read, understand, and agree to comply in full with all of the terms and conditions of University Policy AD68 University Access, Procedure SY2001 University Access: Clearances, Keys, and Access Devices; Authorization, Issuance, and Fees and any other pertinent University policies in performing my duties as an Access Coordinator. I understand that failure to abide by these terms will result in the termination of my duties, and I may be subject to additional disciplinary actions.

Access Coordinator Signature _____ Date _____

APPROVALS:

To be completed by Master Access Coordinator. If you are a new Master Access Coordinator, this section to be completed by UPPS Physical Security Office.)

Privileges to Assign: (check all that apply)

Key Ordering

Electronic Access/C*Cure

Master Access Coordinator

Master Access Coordinator Signature _____ Date _____