PennState
University Police
and Public Safety

ACCESS COORDINATOR AUTHORIZATION FORM

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

AUTHORITY/RESPONSIBILITY:

- To maintain systematic and effective control of all 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 to a facility changes.
- Other duties and responsibilities, as specified in Procedure SY2001 University Access: Clearance and Keys; Authorization, Issuance, Deposit, and Fees.
- The privileges of this role will not be utilized for any reason other than to perform your job functions. Additionally, any information accessed is to be used soley for security purposes and may not be used for disciplinay action without a formal request from Labor and Employee Relations (LER)

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 the Office of Physical Security via upload to our request website (below). If **terminating** an appointment, the area must notify Office of Physical Security of the effective date of termination of the appointment by completing the form on our request website (below).

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

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

REQUEST INFORMATION:

Name of Access Coordinator: _____

College, Campus, Department: _____

Penn State ID#: _____ Phone #: _____

Office Address: _____

Email Address: _____

ACCEPTANCE: I have read, understand, and agree to comply in full with all of the terms and conditions of University Policy AD68 University Access Policy, 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 ac-tions.

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 Office of Physical Security.)

Privileges to Assign: (check all that apply)

Key Ordering ☐   Electronic Access/Ccure ☐   Master Access Coordinator ☐

Master Access Coordinator Email Address _____

Master Access Coordinator Signature _____ Date _____