**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.: \_\_\_\_**

**Company Name & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I assume full responsibility for safeguarding my access card, and agree not to allow any other person to use my card. I understand that the access card remains the property of UT Southwestern Medical Center and may be confiscated at any time. I understand that failure to do so may be the basis for disciplinary action by the University, and may result in revocation of my card access privileges. I understand that I will be charged a fee of $40.00 to replace a lost or intentionally damaged card. Accidentally damaged or defective cards are replaced free of charge.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any questions or concerns should be directed to the University Police Department Access Control Division at: 214-633-1607 or 214-648-8311**

**FOR OFFICE USE ONLY: Badge # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS SECTION TO BE COMPLETED BY THE AUTHORIZING DEPARTMENT:**

**I certify that the person named above is associated with the following**

**UT Southwestern Medical Center department/agency: Facilities Management and has been authorized by said department to be issued a UT Southwestern Medical Center visitor identification badge. The person will require access to the following specific rooms/areas and parking garages/lots (please specify any limitations by times and/or days of the week):**

**\_\_\_ID badge only (no access – badge will not unlock doors or open gates)**

**\_\_\_Access badge (specify access)**

**The card will be needed through the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/Title of Department Liaison:** \_\_\_\_\_\_\_Jake Roysdon – Manager\_\_\_\_\_\_\_\_\_\_

**Contact Phone Number/Extension: \_\_\_\_**214-645-7126\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Department Director or Authorized Designee (please indicate):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**