

Check One

Full-time Faculty
Associate Faculty
Full-time Staff
Part-time Staff
Other
Contractor/Vendor
Volunteer

Alarm Code Request Form

Employee #: _____

Last

First

M.I.

Extension:		Department & Position	
Date:		Email:	
Authorizing Signature – Supervisor/Director/Area Dean:			
Authorizing Signature – Director Campus Safety			
Authorizing Signature – Division Vice President:			
Authorizing Signature – Human Resources Vice President:			

	Campus	Bldg No.	Room No.	Date Added	Campus Safety Staff assigned to enter code	Removal Date	Campus Safety Staff assigned to remove code

**For all Campus access select "All" on Campus drop down menu, and write "All" in Bldg. section.*

Instructions:

- 1) Have the form signed electronically by all applicable District Staff
- 2) Submit the signed form to parking@msjc.edu
- 3) Campus Safety will contact the requester privately to establish a four digit access code

Campus Safety Internal Use Only:

Access Code: _____