# Access to City Campus Buildings

For security of staff/students access to many work areas are secured through controllers and access rights. Where your role does involve a controlled access area these are authorised by designated signatories. Normally a prime requirement is that the individual’s role requires access on a daily basis.

Nominated signatories must ensure the integrity of the Security System is maintained by requesting access rights only for buildings and zones in which the individual has a day-to-day role or regular attendance.

Once you have completed this form return it to your authorised signatory who will establish what/if any access rights are required. If you mislay, lose or inadvertently damage your badge you must report this immediately to Security.

One form per building, as the form is stored in that building

Please complete in BLOCK CAPITALS or type and print for signing.

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### SECTION A - PERSONAL INFORMATION

I am a Student □  Staff Member □  Visitor / Contractor □

Surname .................................................................................................................................................................................................

First Name .............................................................................................................................................................................................

Job Title (for staff)..................................................................................................................................................................................

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Staff / Student ID number .................................................................................................................................................................

Card No (upside down on reverse of card) ...........................................................................................................................................

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### SECTION B - YOUR LOCATION DETAILS:

Name of the School/Directorate where you work/study/are visiting ........................................................................................................

Your usual work/study location ..............................................................................................................................................................

Your contact extension/telephone number ...........................................................................................................................................

Your line manager’s name & contact number ....................................................................................................................................

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### SECTION C - TO BE COMPLETED BY AUTHORISED SIGNATORIES ONLY:

Please enable the card for the above named staff member so that they have access to the above named building/zones.

Signed................................................................................................................................................................................................

Print Name..........................................................................................................................................................................................

Date................................................................................................................................................................................................