UNIVERSITY *of* NORTH TEXAS HEALTH SCIENCE CENTER *at Fort Worth*

POLICE DEPARTMENT

ACCESS LOCATOR REQUEST FORM

This form is intended for administrative approval to search and release information pertaining to cardkey usage (e.g., locations and times a particular card was used) and/or visual identification (via camera) of non-criminal activity on campus. The form requires the authorized signature(s) of departmental supervisors or deans as well as police approval. Once approval has been issued, the requestor will be contacted by University Police and informed of the results. NOTE: For investigation into criminal related matters, please contact the University Police Department at ext. 2600 to file a formal call for service.

REQUEST TYPE: CARDKEY USAGE ☐ CAMERA (VISUAL IDENTIFICATION) ☐

REQUESTOR

NAME: _____ EMAIL ADDRESS: _____

DEPARTMENT: _____ EXT. NUMBER: _____

BRIEFLY EXPLAIN REASON FOR REQUEST:

_____

REQUESTED LOCATION(S)

1. BUILDING: _____ ROOM(S): _____ DATE(S): _____ TIME - FROM: _____ TO: _____
2. BUILDING: _____ ROOM(S): _____ DATE(S): _____ TIME - FROM: TO:
3. OTHER LOCATION(S): DATE(S): TIME - FROM: TO:

SEARCH CRITERIA

ACCESS CARD NUMBER: NAME OF PERSON CARD IS ISSUED TO:

SUBJECT DESCRIPTION(S) (NAMES, PHYSICAL DESCRIPTIONS, OTHER USEFUL INFO, ETC.):

_____ _____

Requestor Signature Department Head / Dean Signature

POLICE USE ONLY

SERVICE NUMBER: _____ DATE RECEIVED: _____ DATE COMPLETED: _____

SEARCH RESULTS:

_____ _____

Officer Signature ID#