

Appointed Authorized Contact
Physical Plant Building
1801 W 31st Street, Cedar Falls, Iowa 50614-0189

Use this form to appoint a person in your department to authorize building access. The appointee can be responsible for requesting and removing card access, making building schedule change requests and reporting system problems. This form must be approved/signed by your Dean, Director, or Department Head. Because we must have an original signature, we are not able to accept this form electronically.

Department Name		Dean, Director, Department Head		
Appointed Authorized Contact				
Name Printed	UNI ID	Start Date	End Date	
Phone		Mailing Address	Mailing Address	
E-Mail				
Signature				
	by authorize the above i	ndividual to approve build	ing access requests	
Name (print or type)		Signature (Dean, D	Signature (Dean, Director, Dept Head) Date	