



**APPENDIX 1 TO TRENT UNIVERSITY ACCESS CONTROL POLICY
ACCESS CONTROL DESIGNATED AUTHORITY FORM**

Department/unit: _____

Department/unit Authority:

Name:

Position:

Employee Number:

Phone Number:

E-mail address:

Designated Authority:

Name:

Position:

Employee Number:

Phone Number:

E-mail address:

Authorized to request/control/issue keys for:

All departmental/unit spaces:

or

The following spaces:

I hereby designate _____ to requisition, control and issue keys and

(Name of Designated Authority)

access cards as indicated above.

Signature – Department/Unit Authority

Date

Signature – Designated Authority

Date