Access Card & Key Control Designate Form

Send this signed & completed form to the Cornell Police, G-2 Barton Hall, ATTN: Crime Prevention

**Purpose:** This form provides authorization by a college/unit head for a designate to assign Access Card & Key Control Coordinators per Policy 8.4 – Management of Keys & Other Access Control Systems.

**Directions:**
1) Identify your unit and provide your signature granting authority. 2) Enter the name and university netID of the person to whom you are granting authority as designate for your unit to assign Access Control Coordinators and Key Control Coordinators for your unit. 3) Indicate whether this person is replacing another person previously designated. 4) Check the appropriate lines to identify the span of control and the specific authority being granted. The form must be printed, signed and sent to the Cornell Police.

**College/Unit:** ____________________________ **Date:** __________

**Dean/Vice President Name:** ____________________________

**Signature:** ______________________________________

I grant the following individual the authority to act on my behalf as a designate to assign ACCs and KCCs:

**Name:** ____________________________ **netID:** __________

If this person is replacing a current designate please indicate who is being replaced:

**Name:** ____________________________ **netID:** __________

**Span of control (please indicate Facility Code(s) when indicating span of control)**

- ___ All departments within my unit
- ___ Specific department(s):
- ___ Specific facility(s):
- ___ Other (specify):

By signing this form, I agree to the requirements and responsibilities set forth in Policy 8.4 - Management of Keys and Other Access Control Systems.

**Designate Signature:** ____________________________ **Date:** __________

**Title:** ____________________________ **Campus Phone:** __________

Designate Form 1.2012