



**Request for Assignment of
Department Physical Security Representative(s)
Card Access Systems, Intrusion Alarm Systems, Closed-Circuit Television Surveillance Systems**

Department Name: _____
Division Name: _____
Building: _____ *One Request for Assignment of Physical Security Representative form is required for each building in which Department has FSUPD-managed security systems.*

Dean, Director or Department Head:

Name: _____
Title: _____
Phone: _____
Email: _____

The individual(s) listed below have been delegated authority to represent this department in matters of security to include:

- 1 Requests to add, change or delete card access to department areas.
- 2 Requests to change established schedule for locking, unlocking, arming and disarming.
- 3 Requests to change security codes and/or auto-arming/disarming on intrusion (burglar) alarm systems.
- 4 Requests for download of video from CCTV digital recording devices.
- 5 Requests to add, change or delete time specifications and/or clearance code configurations.
- 6 Other requests that may arise pertaining to CCTV Surveillance, Intrusion Alarm Systems, Card Access Systems, Emergency Phones.

The responsibilities of the Card Access/Security Representative do not include and are not related to the Departmental Security Coordinator responsible for electronic data access and security.

Please circle **Yes** or **No** for the following optional roles as an Authorized Department Security Representative:

Yes No Authorized cCure Operator? *(Please note this will require mandatory training from a CASS Representative)*
Yes No Authorized CCTV Representative?

If "Yes" to be an Authorized cCure Operator, please provide the IP Address of the computer to assign cCure to along with an FSUID.

IP Address: _____ FSUID: _____

Check here if this list represents additional Physical Security Representatives to be ADDED TO the existing authorized list.

Check here if this list is intended to REPLACE Physical Security Representatives on the existing authorized list.

Name	FSUCard Number	eMail	Phone
_____	5894 - 3710 - _____	_____	_____
_____	5894 - 3710 - _____	_____	_____
_____	5894 - 3710 - _____	_____	_____
_____	5894 - 3710 - _____	_____	_____
_____	5894 - 3710 - _____	_____	_____

Attach additional form if necessary.

This authorization form must be signed by a Dean, Director, or Department Head and may be submitted using any of the following methods:

- 1 Fax to the attention of FSUPD CASS at 644-3205.
- 2 Submit scanned .pdf format as attachment in email to publicsafetycass@admin.fsu.edu
- 3 Send through campus mail to FSU Police Department, Tanner Building, Mail Code 4215.

By my signature below, I authorize the above-named individual(s) to act as this Department's Security Representative(s).

Dean, Director, Department Head, Chair

Date Signed: _____