



**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.*

\_\_\_\_\_ *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).

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
**Dean, Director, Department Head, Chair**