



**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: _____

****Please, read carefully & select the appropriate security role as each role is authorized for specific duties & responsibilities, as described.****

Department Security Representative: Authorized to submit tickets to the CASS Division via the myFSU Service Center to grant/remove access to FSUCard holder(s), lock/unlock card reader doors & set lock/unlocking door schedules.

cCure Operator: This includes the same role as Department Security Representative however, this will include access privileges to the individual & actively be a user in the cCure system from their workstation. This role is better suited for the advanced user. *This will require cCure Operator Training led by the CASS Division.*

CCTV Representative: This user is authorized to access & view departmental security cameras throughout their department, if applicable.

Please select **Yes** or **No** for the following optional roles below:

- | | | |
|-----|----|---|
| Yes | No | Authorized Department Security Representative? <i>(This will grant authorization to submit requests)</i> |
| Yes | No | Authorized cCure Operator? <i>(Please note this will require mandatory training from a CASS Representative)</i> |
| Yes | No | Authorized CCTV Representative? |

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

IP Address: _____	FSUID: _____
IP Address: _____	FSUID: _____
IP Address: _____	FSUID: _____

Please check boxes below to indicate any Physical Security Representative(s) to ADD to or REMOVE from the existing authorized list.

If only a single Representative is added to replace another, please list the Representative that is being replaced as well.

Add Rem	Name	Employee ID or FSUCard Number	eMail Address	Phone

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: _____