

Intrusion Alarm System Request

University Services – Box 6992

Submitted by: _____ Date: _____

Contact Phone Number: _____

Department /Outside Company: _____

Alarm Access Requested for:

Name: _____ RUID NO: _____

Building/Area: _____ Start Date: _____

End Date (If Temporary): _____

Only Department Director Can Request Arming/Disarming Times:

Arming Time: _____ Disarming Time: _____ Days of Week: _____

Requestor Signature: _____ Date: _____

Approving Authority or Designee Signature: _____ Date: _____

Director of University Services or Designee Signature: _____ Date: _____

Access to Radford University alarm systems may be granted by the designated System Owner(s) only.

Radford University Police Department personnel and IT Auxiliary Services Support personnel will have access to all panels.

**Original Signature form is required before any access will be considered.
One form per each person for which access is requested.**

If automatic arming and disarming is required, please indicate the desired time period above.

If approved for access the requested person will be contacted by email to supply a unique 4-digit alarm code. This code cannot be shared with anyone else.

***Please attach a justification to this form when requesting Alarm Panel Access for anyone who is not a Radford University employee**