

Temporary Contractor Access Authorization Form

Please complete all fields below to authorize temporary access for contract personnel. This form must be printed, signed, and presented to Security upon arrival.

Contractor Information

Contractor Full Name:

Company/Employer Name:

Contact Phone Number:

Access Details

Purpose of Visit / Work Description:

Authorized Start Date (DD/MM/YYYY):

Authorized End Date (DD/MM/YYYY):

Authorized Areas/Buildings:

Sponsor / Host Information

Sponsoring Employee Name:

Department:

Sponsor Phone Number:

Authorization & Signatures

By signing below, the sponsor confirms that the contractor requires access to the specified areas for official business purposes.

Sponsor Signature (Sign after printing):

Security Officer Signature (Sign after printing):

Date Signed (DD/MM/YYYY):