

Security Access and Badge Deactivation Request

Please complete this form on-screen, print the document, obtain the required physical signatures, and submit it to the Security Administration Department for processing.

1. Employee / Cardholder Information

Full Name (Last, First, M.I.):

Employee / Contractor ID:

Badge / Card Number (if known):

Department / Division:

2. Deactivation Details

Reason for Deactivation (e.g., Termination, Lost, Damaged, Leave of Absence):

Effective Date (MM/DD/YYYY):

Effective Time (HH:MM AM/PM):

3. Authorized Requestor Information

Authorized Manager Name:

Title:

Contact Phone Number:

4. Physical Signatures Required for Print

By signing below, the authorizing manager confirms that the security access privileges for the specified individual should be revoked immediately at the effective date and time stated above.

Authorized Signature: _____

Date Signed: _____

5. Security Office Use Only

Processed By (Security Officer):

Date Processed:

System Status Confirmed (Active/Inactive):

Security Signature: _____