



## Building Access Coordinator Authorization Form

### Instructions

1. This form is available online at [www.fredonia.edu/fredcardDooraccess.asp](http://www.fredonia.edu/fredcardDooraccess.asp)
2. Submit this completed form to your department Chairperson/Head/Director and the appropriate Divisional Vice President for their required authorization.

*(Please allow for one week to process.)*

### Agreement

I \_\_\_\_\_ agree to be responsible for the following duties as an authorized **Building Access Coordinator (BAC)**:

1. I will attend any annual training offered by the ITS ResNet Office.
2. I will utilize the online **Campus Access Control Request Form** for all card access and door schedule requests.
3. I will serve as the primary point of contact for all requests pertaining to the physical doors assigned to me below which can include requesting FREDCard access control provisioning and deprovisioning clearance codes, approving clearance codes, door schedules that unsecure/or secure buildings/doors and access control functionality for assigned doors within my building(s)(e.g. alarms).
4. I acknowledge that I have read and will abide by the University's **Key and Campus Access Control Policy**
5. I will notify the ITS ResNet Office of any change in my employment at the University that would necessitate the removal of these responsibilities.
6. I will utilize the ITS incident management system, Fredquest or [resnet@fredonia.edu](mailto:resnet@fredonia.edu) to report a system or service issues.
7. In case of an emergency (unsecured area), I will telephone the University Police at 673-3333 during non-business hours and the ITS ResNet Office at 673-3668 during business hours.

### Assigned Building(s) and Door(s)

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### Authorizations

Employee Name: \_\_\_\_\_ Fredonia I.D.: \_\_\_\_\_

Department: \_\_\_\_\_ Local Address: Email: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Print Department Chairperson/Head/Director: \_\_\_\_\_

Signature of Department Chairperson/Head/Director: \_\_\_\_\_

Print Divisional Vice President \_\_\_\_\_

Signature of Divisional Vice President \_\_\_\_\_