

AUTHORISED ACCESS CONTROL DELEGATES

SECURITY SERVICES | INFRASTRUCTURE The University of Adelaide

An Access Delegate must be a *staff member* who has read, understood and is committed to access control in accordance with the Access Control Policy. By signing this form each Access Control Delegate has read and understood the Access Control Policy which is available at: <https://www.adelaide.edu.au/infrastructure/services/building-access>

Please return this form via email to: buildingaccess@adelaide.edu.au

Faculty/School/Department: _____

Areas to which the delegates are authorised to provide access

Buildings: _____

Floors: _____

Any Restricted Areas: _____

(Restricted areas must be approved by a lab or area manager after safety inductions have been completed)

Access Delegate Name: _____ Phone: _____

Access Delegate Signature: _____ Add / Remove (please circle)

Access Delegate Name: _____ Phone: _____

Access Delegate Signature: _____ Add / Remove (please circle)

Access Delegate Name: _____ Phone: _____

Access Delegate Signature: _____ Add / Remove (please circle)

Head of faculty, school or organisational unit to complete

I, _____ (Name) _____ (Title)

Authorise the above delegates to request access to the buildings or areas managed by the named faculty, school, or organisational unit.

Signature: _____ Date: _____