Purpose: This form provides authorization by a college/unit head for Access Card & Key Control Coordinators per Policy 8.4 – Management of Keys & Other Access Control Devices.

Directions: 1) Identify your unit and provide your signature granting authority. 2) Enter the name and university netID of the person to whom you are granting authority as well as a back-up to that individual. Use a separate form for each role. 3) Indicate, if necessary, who this person replaces. 4) Check the appropriate lines to identify the span of control and the specific authority being granted. The form must be printed, signed and sent to the Access Control Program, Cornell Police Department, 365 Pine Tree Road.

College/Unit:

Dean/Vice President Name: ________________________________

Signature: ________________________________ Date: ________________

I grant the following individual the authority to act on my behalf as the ACCC/KCC:

Name: ________________________________ netID: __________________________

If this person is replacing a current ACCC/KCC, please indicate who is being replaced:

Name: ________________________________ netID: __________________________

I grant the following individual the authority to act as the back-up to the individual identified above.

Name: ________________________________ netID: __________________________

Span of control (please indicate Facility Code(s) when indicating span of control)

___ All departments within my unit

___ Specific department(s):

___ Specific facility(s):

___ Other (specify):

Specific Authorities (within specified span of control)

___ Access Card Control Coordinator (ACCC) according to University Policy 8.4
   • Store, protect, distribute, authorize duplication of, and audit access control cards / systems and associated locations.
   • Maintain an access control card record system.
   • Issue temporary access control cards.
   • Ensure emergency response and service personnel have proper access to facilities and spaces.
   • Designate Associate Access Card Control Coordinators.

___ Key Control Coordinator (KCC) according to University Policy 8.4
   • Store, protect, distribute, authorize duplication of, and audit physical keys / systems and associated locations.
   • Maintain a physical key record system.
   • Issue temporary access via physical keys.
   • Ensure emergency response and service personnel have proper access to facilities and spaces.
   • Designate Associate Key Control Coordinators.

By signing this form, I agree to the requirements and responsibilities set forth in Policy 8.4 - Management of Keys and Other Access Control Devices.

ACCC/KCC Signature: ________________________________ Date: ________________
Title: ________________________________ Campus Phone: __________________________

ACCC/KCC Back-up Signature: ________________________________ Date: ________________
Title: ________________________________ Campus Phone: __________________________