HOUSTON COMMUNITY COLLEGE POLICE DEPARTMENT
Security Access Control Application
Receipt and Agreement

I, _____, with _____
(Print Name) (Print Company Name)
take receipt of Security Access Card # _____. I agree that I will not alter the card in any way, as this may damage the micro-processing chip or antenna embedded inside and is a violation of HCC policy. I agree to notify the Houston Community College Police Department (713.718.8888) IMMEDIATELY in the event I lose this card. I understand this card is the property of the Houston Community College Police Department, and I will not loan this card nor permit any other person to use this card while it is assigned to me. I agree to surrender the access card to the Police Department upon termination of my employment.

_____ _____ _____
(Signature) (Date Signed) (Date Badge Returned)

Security Access Card Application

1. Full Name		2. Work Phone	
3. ID Name (As you would like to see it on your ID card)		4. HCCS Employee ○ Contractor ○ Tenant ○ Student ○ Visitor ○	
5. Contractor Company Name		6. HCC College	7. Depart. Assigned
8. Supervisor Name	9.Supervisor Phone #	10. Building Emergency Response Personnel ○ Yes ○ No	
11. Zone(s) Authorized to Enter		12. Fire Warden ○ Yes ○ No	
13. Days Authorized to Enter		14. Time Authorized to Enter	
15a. Authorized by (print name)		16a. Authorized by (print name)	
15b. Authorized by (signature)		16b. Authorized by (signature)	

HCC POLICE DEPARTMENT USE ONLY

Badge No.	Date of Issue	Name (Print)	(Signature)