



UC San Diego Police Department

Intrusion and Duress Alarm System

Authorized Administrator

Use this form to designate an individual(s) within your Department or Group to maintain the Intrusion and Duress Alarm information and system. The designees will be responsible for adding and removing users, identifying and/or changing access schedules, and coordinating troubleshooting and notifications to your vendor/contractor and UCPD. This form must be approved and signed by your Dean, Chair, Business Officer, or Director.

Two individuals must be authorized—a primary and back-up—to maintain and update the system. It is recommended that the list of authorized individuals to arm and disarm systems be kept to a minimum to satisfy your business requirements.

<p>This individual will be responsible for: (check all that apply)</p> <p><input type="checkbox"/> Granting and Removing User Access</p> <p><input type="checkbox"/> Identify and Update Schedule</p> <p><input type="checkbox"/> Remotely Arming and Disarming System</p> <p><input type="checkbox"/> Monitoring System for Trouble/Error</p>	<p>Please select only one:</p> <p><input type="checkbox"/> New User</p> <p><input type="checkbox"/> Update Existing User</p> <p><input type="checkbox"/> Removing Existing User</p> <p><input type="checkbox"/> Primary Administrator</p> <p><input type="checkbox"/> Backup Administrator</p>
<p>Account Identification Code/User Access Code: _____</p> <p>Your customer identification code/user access code is used to identify those persons designated and authorized by you to be at the alarm location; this code is also used to make changes to your account information through the web portal.</p>	

Account (CSID) #: _____ Subscriber ID (SID) #: _____

Department or Group Name: _____

First Name: _____ Last Name: _____

Preferred Name: _____ Job Division: _____

Employee ID: _____ Job Title: _____

Campus Address: _____ City: _____

State: _____ Postal Code: _____

Desk Phone Number: _____ Mobile Phone Number: _____

Email Address: _____ Date: _____

Signature: _____

Fiscal Contact: _____ Dept Index: _____

I hereby authorize the above individual to administer and maintain the Intrusion and Duress Alarm system as specified above.

Authorizing Signature: _____ Name: _____ Date: _____