



Request for Door Access Operator

[Request Help](#)

Please allow a two-week minimum turnaround time after submitting form.

Email scanned forms to bfsas@memphis.edu

Add **Remove** → **FCWNX Operator Privileges** **Basis Fob Operator Privileges**

Facility: Law School University Center LLC Nursing Other:

Access Type: Update **OR** Alarm Monitoring

Name:

Username:

Banner UID:

Position Number:

Job Title:

E-Class:

Department:

Date Effective:

As an employee of The University of Memphis (or acting as an agent of the University), I am aware that the data and materials to which I may have access are to be treated in a professional and confidential manner. I agree herein, as a consideration of my employment, that I will not disclose or cause to be disclosed any such confidential information gained in the course of my employment at any time.

I am aware that any breach of the confidentiality of this material or any abuse of my position, including but not limited to alteration of records, destruction of records or other similar acts, may result in disciplinary action or constitute a basis for termination of employment.

Employee Signature: _____ Date _____

I understand that the ultimate responsibility for any action taken by the above individual is mine.

Purpose:

Financial Manager's Title:

Financial Manager's Name:

Username:

Financial Manager's Signature: _____ Date: _____

Contact Person:

Phone:

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