

# UVIC Alarm Permissions Request Form

## User Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

V Number\* \_\_\_\_\_

User Email \_\_\_\_\_

Department \_\_\_\_\_

Alarm Access Locations Required (please list specific rooms/areas etc.)

Reason For Requested Alarm Permissions

Expected Duration of Temporary Alarm Permissions (If Applicable)

Start Date (MM/DD/YY)

End Date (MM/DD/YY)

\*V Number field applies to all staff and students requesting alarm permissions.