



District Staff Access Request

Form must be submitted 7 days prior to needing requested access

Staff Name: _____

Badge ID # _____

Access Request Type: Temporary Date Range: _____

Permanent

Access Level Requested:

24/7 Justification: _____

Day Access Times Requested: _____

Evening Access Times Requested: _____

Weekend Access Times Requested: _____

Campus Or Building Access Requested:

District Wide Access:

Specific Locations: _____

PfISD Staff Authorizing Request: _____

Department: _____ Title: _____

Date: _____

To be completed by Safety & Security Department:

Date Received: _____

Badge ID # _____

Expiration Date: _____

Completed By: _____ Date Completed: _____