



Access Control Form

Section I: Requestor Information

First Name: _____ MI: _____ Last Name: _____ Employee ID: _____
Department: SIGNAL Title: _____
Phone: 718-558-8331 Division: 06 Gang: 00
Mail Stop: 1924 Building/Location: JCC

Section II: Access Details

Check One: Addition
Deletion

Building and Reader ID can be found on LIRR OOS webpage. In addition, Reader ID may be displayed on side of Reader		Authorized Access Owner	
Building	Reader ID	Name	Signature
JCC Building	JCC-4-467, JCC-4-456, JCC-4-458	Frank LaSalle	
	JCC-4-430	Frank LaSalle	
	JCC-6-631, JCC-6-633A, JCC-6-633B	Frank LaSalle	
	JCC-6-630	Frank LaSalle	

Justification for Access: (MUST be completed)

[Empty box for justification]

Section III: Requestor Signature (Signature acknowledges that the requestor has read and understands LIRR Policy, OOS-005, as well as the Policy Note on the LIRR Office of Security webpage)

(Requestor Signature)

(Date)

Section IV: LIRR Management Approvals

(Dept. Head Name and Signature)

(Title)

(Date)

"Signature of Department Head is verification of all information supplied by the requestor."

Section V: Office of Security Use Only

(Office of Security Approval Signature)

(Title)

(Date)