



FACULTY/DEPARTMENT ACCESS COORDINATORS (AUTHORISED TO ALLOW AFTER HOURS ACCESS) – 2008

Department:..... Campus: Building Name/s:

Building No/s: Floor No: Other:

- Please Note:**
- No access requests will be actioned by Security unless endorsed by an area Access Coordinator nominated below.
 - Please notify Security & Traffic of any changes to this document throughout the year.
 - Retain a copy for your records.

PRIVACY STATEMENT

Monash University is committed to protecting your privacy. Your personal details are held and used in accordance with the Information Privacy principles of the Information Privacy Act 2000 (Vic). You have a right to access your personal information. For access or inquiries contact the Privacy Officer on 03 99056011.

NAME	POSITION	EXT	SIGNATURE

The persons whose names and signatures appear above are authorized by me to inform the Security & Traffic Office on security matters pertaining to the above area, eg. After Hours Access etc.

Name: Signature.....
(Please insert name of authorizing Dean/Department Head use BLOCK LETTERS)

Position Title: Contact No.