



Building Security Coordinator Change Form

Please list the following individuals as security coordinators for buildings / departments. One form must be completed for each person.

Building: _____

Department (if department only): _____

Name: _____

Phone #: _____ Cell # _____

Home Phone #: _____

Fax #: _____

E-mail: _____

IF THIS IS A REPLACEMENT, please include name of individual that

should be removed from list: _____

Authorized Signature*: _____

**Must be signed by current Building Security Coordinator or Dean of College over building. Form requires electronic signature, [see our tutorial for instructions](#).*

Office Use Only (University Facilities and Police Department)

Date: _____ Facilities BSC List _____ CUPD Listserv _____