

# Kapi'olani Community College

## Request to issue/ cancel alarm code

To: Auxiliary Services

Date \_\_\_\_\_

Please Issue/cancel a code to operate the security alarm at \_\_\_\_\_

Bldg.

Room

For: \_\_\_\_\_

Last Name

First Name

Title

\_\_\_\_\_  
Phone Ext.

From: \_\_\_\_\_

Last Name

First Name

Specify: Chairperson, Dept. Head, Dean

Department: \_\_\_\_\_

\_\_\_\_\_  
Signature

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### This form must be received 5 working days in advance of requested date

- Codes will be issued by phone to the individual
- Chairperson, Department Head or Dean must submit this request to cancel an alarm code upon termination or transfer of an employee.
- Codes will be cancelled by Auxiliary Services upon receipt of this notice.

### For office use

- Code issued by \_\_\_\_\_ on \_\_\_\_\_  
Initials Date
- Code cancelled by \_\_\_\_\_ on \_\_\_\_\_  
Initials Date
- Code \_\_\_\_\_