FACILITIES ACCESS AUTHORIZATION FORM

SCHOOL YEAR:

Location Code	Location Name	Site Administrator

EMPLOYEE # or SSN if not an APS employee	**NAME** (last, first)	**EMPLOYEE TITLE** or **ORGANIZATION NAME** (if not an APS employee)	**EXPIRATION DATE** for non APS personnel contractors, church, civic groups, etc.

Site Administrator's Signature	PRINT Name and Title	Date	Page #	Total Number of pages

If you have any questions please contact the Dispatch Center at (505) 243-7712

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