HPNP BUILDING USE AUTHORIZATION FORM This form must be filled out and emailed to the Security Team, <u>PHHP-BUILDING-</u> <u>SECURITY-L@lists.ufl.edu</u> two working days prior to event.

PERSON AUTHORIZING USE OF BUILDING/ ROOM

PHONE	352.273.6457		EM	AIL:	tyellis@phhp.ufl.edu	
EVENT O	R REASON FOR B	UILDING USE:				
BUILDIN	G TO BE UNLOCK	ED: Health Prof	ession	s Nursing an	nd Pharmacy (HPNP) #212	
ROOM(S)	TO BE UNLOCKE	D:				
DATE(S):		UNLOCK TIN	AE:		LOCK TIME:	
DATE(S):		UNLOCK TIN	AE:		LOCK TIME:	
DATE(S):		UNLOCK TIN	AE:		LOCK TIME:	
DATE(S):		UNLOCK TIN	AE:		LOCK TIME:	
DATE(S):		UNLOCK TIN	AE:		LOCK TIME:	

	CONTACT / RESI	PONSIBLE PARTY INFO	RMATION	
NAME:	UFID#		PHONE #:	
NAME:	UFID#		PHONE #:	
NAME	UFID#		PHONE #:	
OFFICE C	OR CONTACT LOCATION:			
LOCATIO	ON OR HOW TO CONTACT DU	RING EVENT:		

PROCEDURE

The contact /responsible party will notify UF Police by calling 392-1111 once on the premises. This may require that you arrive prior to the time your event is actually scheduled. To expedite this process, please have your driver license or UF identification to present to the UF Police official that responds to unlock your door(s). Once the event concludes you are to contact UF Police to respond and assist you in making a cursory check of the area to ensure that all guests/visitors have left the premises. This form needs to be submitted two working days prior to the event.

COMMENTS:

yellis@phhp.ufl.edu
