



UNIVERSITY OF
SOUTHERN MAINE
Police Department

Area Authorization Form

Authorized Area: _____
(Building, Room Number, etc)

To the person granting authorization to the above area; Please print your name, provide your title, and sign your name.

I hereby authorize the following people access to the above area. This authorization
beings on _____ and terminates on _____
(Date) (Date)

(Printed Name and Title)

(Signature)

This form must be complete, lack of information will result in denial of access and the form will be returned.

Please Print Names legibly:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

If additional space is needed please attach another form or blank sheet of paper listing names.

37 College Avenue, Gorham, ME 04038-1032

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