Facilities Management Division/Security

AFTER HOURS AUTHORITY (Issued without alteration)

Permission

This is to certify that
First Name ____________________ Last Name ____________________
of Department/Unit/Faculty ____________________
whose signature and student number appear below has permission to be in
Building/s # ____________________ Room/s # ____________________
For the period:
Commence Date ____________________ Cessation Date ____________________
☐ including weekends ☐ other ____________________
☐ outside department's normal hours of ____________________

PERMISSION CEASES TO APPLY AFTER THE CESSATION DATE ABOVE

Acknowledgement of Authorisation

The Bearer of this authority is reminded that they must carry this authority with their Student Identification Card otherwise this authority will have no effect. Any authorised person may remove from any University building any person who does not show proper authority as described or who does not have authority to be upon University premises or who is trespassing. An authorised person may apprehend and deliver to the Police any person found committing an offence against the Enclosed Lands Act, 1901, as amended or who is committing a criminal offence.

I have read and understand all of the above conditions

Bearers Signature ____________________
Student # ____________________ Date ____________________

Authorising Officer Details

First Name ____________________ Last Name ____________________
Title ____________________ Phone # ____________________
Signature ____________________ Date ____________________