

Temporary Access Authorization Form

Personnel Information

Full Name:

Company/Department:

Contact Number:

Email Address:

Access Details

Area(s) to Access:

Purpose of Access:

Access Validity Period:

to

Access Time (if limited):

e.g., 09:00 AM - 05:00 PM

Escort Required:

No

Equipment Authorized (if any):

Authorization

Requester's Signature:

Signature / Initials

Date:

Authorizing Official's Signature:

Signature / Initials

Date:

Submit Authorization

Note: This form grants temporary access only and must be retained for record-keeping. Unauthorized use or alteration is strictly prohibited.