

MEMORANDUM

TO: FMDC Tenant Requests/State ID Process

FROM:

DATE:

RE: Statewide ID and Access Authorized Representative

The following individual should be removed from the Department of _____ as authorized to sign for or as a Point of Contacts for State ID Badges and/or secured area access.

Or

The following individual is authorized to sign for State ID Badges and/or secured area access for the Department of _____.

Or

The following individual is authorized as a Point of Contact for State ID Badges and/or secured area access for the Department of _____.

Name	
Purpose/Area/Division Authorized For	
Inter-Agency or Postal Mailing Address (including city, state)	
e-mail Address	
Phone Number	

Name of Appointing Authority (Printed)

Title

Signature

Date