



Valdosta Phone: 229-241-8895
 Fax: 229-241-8177
 Albany Phone : 229-889-8926
 Fax: 229-446-4965

ACCESS AUTHORIZATION

Date Completed		Date Received
Account Number	Account Name	Department Number

FOR YOUR IMMEDIATE ACTION:

To insure that your information is safeguarded and your costs are controlled, it is essential that this "Access Authorization" be completed. We encourage you to review this form periodically and provide us with updates, as only these people will be authorized to request boxes or services.

1. Identify your company name, account and department number we have provided for you.
2. Print the name of each person you are allowing access to. We recommend having several people identified for backup in case of vacations or sickness. Also if you have multiple shifts include several personnel from other shifts if they will need access.
3. Have each person sign after their printed name in the appropriate column.
4. Please identify an authorized representative and secondary authorized representative. These are the only persons who can add or delete personnel from the list or authorize destruction.

Thank you for your prompt attention to this matter.

	Printed Name	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
Authorized Representative	Title	Date
Secondary Authorized Representative	Title	Date