

# C Cure or Avigilon User Access Form



**Facility Operations**

1795 E South Campus Drive, Room 244B Salt Lake City, Utah 84112 (801) 587-7789 FAX (801) 581-4263

HEAD OF DEPARTMENT AUTHORIZED SIGNATURE (This must be filled out before user account can be created.)

Name (Print)	Signature
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**ACTION (Check the appropriate box)**

<input type="checkbox"/>	Remove a C Cure or Avigilon user ID login
User Name	User Empl ID

<input type="checkbox"/>	Add a new C Cure or Avigilon user only - Employee has not used the C Cure or Avigilon before and/or does not have a l
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**NEW USER**

User Name	User UNID
Email	Campus Address
Department	Phone

This new user needs access to: (Check all that apply)	
<input type="checkbox"/>	<b>CCure</b>
Bldg Number(s)	
<input type="checkbox"/>	Administration Client
<input type="checkbox"/>	Monitoring Client

<b>Avigilon</b>	
Bldg Number(s)	

Same access as existing user?	Existing User Name	
	Existing Empl ID #	

Is the new C Cure user replacing this employee?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
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**Official Use Only**

Comments:	
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Call placed to user (date & time)		by (initial)	
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