

UTHSCSA Panic Alarm Permit

Date Submitted: _____

Department Name: _____

Department ID: _____ Funding #: _____ Project ID: _____

Requestor's Name: _____ Requestor's Phone#: _____

Alarm Location: Building: _____ Floor: _____ Room: _____

Person alarm is assigned to: _____ Phone#: _____

Computer Name: _____ Computer/User Job Function: _____

Reason/Justification for Alarm: _____

Department TSR Name: _____ Phone#: _____

Department TSR Email: _____

- Software installation of panic alarm will be completed by your department TSR.
- Configuration and Testing will be coordinated through UTPD IT Section after installation.
- Panic alarm initial setup fee: \$250.00, Panic alarm annual renewal fee: \$25.00
- A network hardware solution is required for any Apple Computer or location with no computer at an approximate cost of \$750.00.
- Send any questions to plcit@uthscsa.edu

For Funding Approval

Department Chair's Name: _____ Signature: _____