ALBUQUERQUE PUBLIC SCHOOLS

FACILITIES ACCESS AUTHORIZATION FORM

SCHOOL YEAR 20_____ - 20_____

Location Code	Location Name	Site Administrator

Employee # or SSN if non-APS personnel	Name (last, first)	Employee Title or Organization Name if non-APS personnel	Expiration Date if non-APS personnel i.e., contractor, church, civic group, etc.

Site Administrator's Signature	PRINT Name & Title	Date	Page #	Total Number Pages

If you have any questions, contact Jennifer Pacheco, 243.7712, or fax 243.9790.

GP&DS 07/06/11