



## Safe Combination Access Listing

Form 3102.02-D

|   |                                      |       |
|---|--------------------------------------|-------|
| Safe Brand:   |                                      |       |
| Model/Serial #:   |                                      |       |
| Department Name:  |                                      |       |
| Location of Safe (Building & Room #):                           |                                      |       |
| Safe Combination Coordinator:                                   |                                      |       |
| Combination Change Date:  |                                      |       |
| Reason for Combination Change:                                  |                                      |       |
| <b>Safe Combination Provided by Locksmith:</b>                  |                                      |       |
| Locksmith's Printed Name:                                       | Locksmith's Signature:               | Date: |
|   |                                      |       |
|   |                                      |       |
| <b>Acceptance of Responsibility by Combination Coordinator:</b> |                                      |       |
| Combination Coordinator's Printed Name:                         | Combination Coordinator's Signature: | Date: |
|   |                                      |       |

*The Locksmith will send a copy of this completed form to the University Controller.*

### Individuals with Access to Safe

The above named Combination Coordinator is required to maintain the following list with the names of individuals who have access/knowledge to the current safe combination.

Whenever an employee of the cash handling unit separates from the unit or the University, the safe combination must be changed and a new form shall be completed with an updated list.

| Name of Individuals w/ Access | Signature | Date |
|-------------------------------|-----------|------|
|                               |           |      |
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|                               |           |      |
|                               |           |      |