Kapi'olani Community College Campus Safety & Emergency Management Alarm Code Request Last Revised: August 2020

This form must be received 5 working days in advance of requested date. Please fax form to Campus Safety & Emergency Management at (808) 734-9905.

1) Codes will be issued by email to the individual.

2) Supervisor must submit this request to issue/cancel an alarm code upon termination or transfer of an employee.

3) Codes will be issued/cancelled by Campus Safety & Emergency Management department upon receipt of this notice.

Staff Name :

Date:

Building:

If multiple, write additional buildings:

Department:

Room(s):

Supervisor Authorization				
Name		Title		
Signature		Issue	Cancel	
CAMPUS SAFETY AND EMERGENCY MANAGEMENT USE ONLY				
CODE ISSUED BY	DATE			
CODE CANCELLED BY	DATE			
CODE				