NATIONAL INSTITUTES OF HEALTH DIVISION OF POLICE

Red Seal Door Form

PART I. TO BE FILLED OUT BY REQUESTOR (send to Executive Officer)

Requestor Information:	
Check One Box only:	
Initial Request for Red Seal Door	Date: Institute/Center:
Revision to Red Seal Door Information	
Request for Removal of Red Seal Door	Building:
Requestor Name:	Room Number(s):
Requestor Title/Position:	Red Seal Decal Number(s):
Requestor Wk Phone Number:	(Enter if Red Seal is in place, N/A if this is an initial Red Seal Door Request)
Requestor Cell Phone Number:	Office/Room/Lab Title or Function:
Alternative Contact Name:	Reason for Request:
Alternative Contact Wk Phone Number:	Revision Removal
Alternative Contact Cell Phone Number:	(ie: sensitive files, high value equipment, dangerous material, etc.)
PART 2. TO BE FILLED OUT BY REQUESTOR (Send	d completed form to your Executive Officer for approval)
	cception to Policy and allowed NIH Police assisted entry when locked out)
	ct Information must be included below if appropriate
Add Delete Name 1:	ID/ Badge #:
Add Delete Name 2:	ID/ Badge #:
Add Delete Name 3:	ID/ Badge #:
Add Delete Name 4:	ID/ Badge #:
Add Delete Name 5:	ID/ Badge #:
Add Delete Name 6:	ID/ Badge #:
PART 3. TO BE FILLED OUT BY EXECUTIVE OFF	FICER
Executive Officer Information:	
Executive Officer Printed Name:	
Executive Officer Signature:	
Executice Officer Phone Number:	
Executive Officer Email:	
Executive Officer Approval: Approved *Form must be forwarded to Office of The Chief of Police I	Disapproved Date: by the Executive Officer (NIHCommunityPolicingOffice@mail.nih.gov)
PART 4. TO BE COMPLETED BY DIVISION OF POL	<u>ICE</u>
Date received by the DP:	Approved Disapproved
Date entered into Access List:	
Date updated list forwarded to ECC:	P Approved Signature: