



Technology, Information & Assessment Systems Department

8142 Moss Landing Road • Moss Landing, CA 95039 • (831) 633-3343 • FAX (831) 633-4188

Alarm System Account Code Request Application

By signing this application I accept the following conditions pertaining to my individual alarm code:

- I will **UNDER NO CIRCUMSTANCE** reveal my personal alarm code to any individual for any reason. This includes, but not limited to: all co-workers, students and parents.
- I agree to take appropriate measures in securing the sanctity of my personal alarm code so as others will not obtain my personal code, either directly or indirectly.
- If for any reason, I suspect someone has or may have, my personal alarm code, I will immediately report this to the IT department, so it can be changed immediately.

School or Site: _____

Title: _____ Phone Number: _____

Applicant Name: _____

Signature of applicant: _____

I certify I have read and understand the above paragraphs and agree to abide by these conditions

Applicant is authorized to access:

Site Approval: _____ Date: _____

(Site Administrator's signature)

IT/Tech Approval: _____ Date: _____

****All fields on this form are required to process request****

Return this completed form to the IT office Attention: Michael Zarevich

Michael Zarevich, Director
mzarevich@nmcusd.org

• Rosio Guardado, Administrative Assistant
rguardado@nmcusd.org

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