



REQUEST FOR APPROVAL
Facilities Planning & Construction Sensitive Data

Please complete the following information and forward to the FP&C: maritza.tibbetts@ucf.edu

UCF DEPT.: [ ] F&S [ ] FP&C [ ] FO [ ] UES [ ] LNR [ ] RM [ ] EHS [ ] OIR [ ] CS&T [ ] SPAA [ ] OTHER \_\_\_\_\_

Date: \_\_\_\_\_ Requestor Name: \_\_\_\_\_

Requesting Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project Manager: \_\_\_\_\_

[ ] MP/UCF# \_\_\_\_\_ [ ] FO# \_\_\_\_\_ [ ] WO# \_\_\_\_\_

[ ] BID/ITN# \_\_\_\_\_ [ ] OTHER # \_\_\_\_\_ [ ] PO# \_\_\_\_\_

Scope of work: [ ] New Const. [ ] Repair/Replace/Renovate [ ] Alteration/Addition/Remodel [ ] Demo/Remove [ ] Site/Utility

[ ] Architectural [ ] Civil/Site [ ] Mechanical [ ] Electrical [ ] Plumbing [ ] Structural [ ] Fire [ ] Life Safety
[ ] Specifications [ ] Reports [ ] O & M [ ] Close Out [ ] Warranty [ ] Ground [ ] Roof [ ] Other

Detailed description of sensitive data requested: (use additional pages as necessary / must be filled out)

\_\_\_\_\_
\_\_\_\_\_

Purpose/need for the sensitive data: (use additional pages as necessary / must be filled out)

\_\_\_\_\_
\_\_\_\_\_

Requestor: \_\_\_\_\_
Signature Title Date

For internal use only: UCF NON-DISCLOSURE AGREEMENT (NDA) has been signed by the requesting organization and is on file.

NDA rec'd (date): \_\_\_\_\_

UCF PM /Requestor: \_\_\_\_\_
Print Name Signature Date

Approved:

BILL MARTIN
Director of Facilities Planning and Construction
University of Central Florida
Date: \_\_\_\_\_