



DOCUMENT REQUEST FORM
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: _____