



C E N T R A L
CONNECTICUT STATE UNIVERSITY

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OFFICE ACCESS MEMORANDUM

TO: Sal Cintorino
Chief Operations Officer

FROM: Name:
Department:
Title:

DATE:

SUBJECT: OFFICE ACCESS

Building	Room Number

I authorize the individuals listed below to have access to my office:

Name	Title

Signature

Date

please email your completed form to facmginfo@ccsu.edu