

Building / Card Access – Administrator Authorization Form

School / Department _____

Employee _____

Position _____

Authorization Requested: *(Limited to time ranges listed on Building / Card Access Chart)*

Extended Access

Limited Access

Saturday or Holiday

Beginning date _____ Ending Date _____

Reason:

Requested by: _____ Date _____
Signature

Approved by: _____ Date _____
Signature

- Building / Card Access authorization must be renewed annually.
- Please submit to Teresa Lyon at Auxiliary Services.