

REQUEST FOR FACULTY, EMPLOYEE, OR STUDENT CLEARANCES
 (This includes outside employees such as food service and housekeeping)

The following faculty member/employee/student (s) will need access clearances for the following buildings, labs. or rooms:

Dean of the College or authorized representative signature _____

Date or semester for access _____

Director/Supervisor signature for employees _____

Period of access requested _____

This area to be used to request staff/students access

Faculty member/Staff Director in charge of Access controlled Area _____

I request that the following staff/students be granted access into an area that I am in control of:

Signature of Faculty/Staff Member

Name	ID #	Date from:	Date to:	Hours

Add additional if needed

Safety & Security authorization signature _____ Date _____