



Cane Card Access Control Form

Today's date: _____ Person completing form: _____

Access for (name): _____ C# _____

Requested by: _____
(Print PI's Name)

Access to:

☐

Cox 3rd floor hallway/corridor entrance

☐ 24/7 access requested ☐ Extended (5:30 AM to 11:00 PM) access requested

☐ 7am to 7pm Monday through Saturday access requested

☐ Other dates/times of access requested: _____

Please justify why you need the area(s) and why you need the specific time/date you indicated above.

☐

Cox 2nd floor hallway/corridor entrance

☐ 24/7 access requested ☐ Extended (5:30 AM to 11:00 PM) access requested

☐ 7am to 7pm Monday through Saturday access requested

☐ Other dates/times of access requested: _____

Please justify why you need the area(s) and why you need the specific time/date you indicated above.

☐

I also (or only) need specific CANE CARD ACCESS TO CARD ENTRY DOORS for room:

--	--	--	--

☐ 24/7 access requested ☐ Extended (5:30 AM to 11:00 PM) access requested

☐ 7am to 7pm Monday through Saturday access requested

☐ Other dates/times of access requested: _____

Please justify why you need the area(s) and why you need the specific time/date you indicated above.

Faculty/Supervisor Name and Signature: _____ Date: _____

Faculty/Supervisor Name and Signature: _____ Date: _____

Office Manager Name and Signature: _____ Date: _____

Chairperson Name and Signature: _____ Date: _____

For office use

Position: _____ College A&S max access: _____