College of Engineering and Computer Science
Card Swipe Access Request

PLEASE print legibly!

Date: ________________

Individual

Last Name: ___________________ First Name: ___________________ MI: ___________________

Faculty  Staff  Student  Other  (circle one)

University ID: U ___________________

Rooms: ___________________

Access to expire at 12:01am on this date: ___________________

Proper Laboratory Operation, Hazards and Safety Have Been/Will Be Discussed:

Yes  No  Not Needed  (circle one)

Approved: ___________________

Signature: ___________________

Class/Lab

Class(es): ___________________ Room Number(s): ___________________

Access to expire at 12:01am on this date: ___________________

Proper Laboratory Operation, Hazards and Safety Have Been/Will Be Discussed:

Yes  No  Not Needed  (circle one)

Approved: ___________________

Signature: ___________________

Please return this form to the appropriate departmental office for approval. The department will then forward this form to the College central computing staff.