

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: Department of _____

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: Department of _____

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.