

ARKANSAS TECH UNIVERSITY

DOOR ACCESS REQUEST FORM

TO: ATU Student Accounts DATE: _____

FROM: _____ PHONE: _____

EMAIL: _____

_____ New Employee

_____ Current Employee

_____ Graduate Assistant

_____ Student*

_____ Other* (title) _____

*If student or Other: Date and times needed _____

<u>Name</u>	<u>T - Number</u>	<u>Building</u>

All the information listed on this form and the approval of the appropriate Dean or Vice President must be provided before this request can be processed. Please fax this completed form to 968-0322. If you have any questions please call 968-0271. Please allow up to two working days to complete.

Approved by: _____

(Dean or Vice President)