ARKANSAS TECH UNIVERSITY
DOOR ACCESS REQUEST FORM

TO: ATU ID Card Office
DATE: ________________________________

FROM: ________________________________ PHONE: ________________________________

EMAIL: __________________________________________

PLEASE CHECK ONE:

New Employee ______  Current Employee ______  Graduate Assistant ______
Student ______  Extra Labor ______

Days and times needed*

(Example: Mondays, 5:00 p.m. to 11:00 p.m.)

Effective Date: ________________________________  Expiration Date: ________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>T - Number</th>
<th>Building</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Access is for one semester only, unless otherwise stated.

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 880-4294. If you have any questions, please call 880-4292. Please allow up to two working days to complete.

Approved by: __________________________________________

(Dean or Vice President)