

# 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: \_\_\_\_\_

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

**\*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)