Facility Access Exception Request

Complete this form to request student (including student employees) access to a college facility outside of normal business hours (after 5:00 p.m.) or spaces normally kept locked at all times. The request must be submitted through your department dean or director and be approved by the President or a Vice President.

It is the responsibility of the student's supervisor to clearly communicate any and all expectations associated with allowing access to the college facility outside of normal business hours, including emergency procedures and contacts. Students on state or federal work study may not work unsupervised.

Date

Requested by:

To (dean or director):

Name:		Student ID number:	
Building(s)wor	king in:		
Room(s)worki	ng in:		
Start Date:		End Date:	
Will the stude	nt need access after-ho	urs (after 5:00 p.m.)? Yes No	
Does the stude	ent need a key card for	access to spaces normally kept locked at all times? Yes N	о
Have you had	a key card in the past?	Yes No	
Approximate	days and times the stud	ent will be in the space:	
Student's duti	es or other reason for r	needing access:	
Approved:	Not Approved:	*Approval subject to access and supervision requiremen	ts.
Dean/director	signature:		
		ted the expectations associated with unsupervised access to	
college facilitie	es outside of normal bus	iness hours, including emergency procedures and contacts.	

Student signature