NDSU INFORMATION TECHNOLOGY

Card Access Request

Questions about this form? Please call 701-231-8401

Date: _____ Date Received: _____

Name/Group/Class	EMPL #	Class #	Building	Room/Door	Action (choose 1)	*Other Information/ Justification (e.g.Start/End dates, limited access)	Double Swipe Access
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Access to A. Glenn Hill building requires justification. Access to this building is only granted for a single semester at a time.

Requested by: (print name) _____ Phone #: _____ Department _____

"Requested by" Signature _____ Date _____

Department Authorization: (print name) _____ Phone #: _____ Department _____

"Department Authorization" Signature _____ Date _____

Key Control Official: (print name) _____ Phone #: _____ Department _____

"Key Control Official" Signature _____ Date _____

Facilities Use Only :

☐ Space Verified _____

☐ Key Control Official Verified _____

Route this completed form to :

Facilities Management-
Thorson Maintenance Center
ndsu.facilitiesmanagement@ndsu.edu