

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
				+			
				+			
*Access to A. Glenn Hill building req	uires justifi	cation. Access		granted for a single sen	nester at a time.		
Requested by: (print name)			Phone #:	Department		<u> </u>	
"Requested by" Signature			1	Date			
Department Authorization: (print name)			Phone #:	Department			
"Department Authorization" Signature				Date			
						Facilities Use Only:	
Key Control Official: (print name)			Phone #:	 Department		Space Verified	
				·		Key Control Officia	Verified
"Kev Control Official" Signature				Date			

Route this completed form to: Facilities Management - Thorson Maintenance Center at https://filetransfer.ndsu.edu/filedrop/ndsu.facilitiesmgmt@ndsu.edu

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