



## Virginia State University TrojanCard Building Access Request Form

<b>APPLICANT INFORMATION</b>		
Full Name (Last, First, MI)		
VSU ID# or COV Employee #		
Title		
Department		
Location (Building & Room #)		
Phone Number		
Fax Number		
Status	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Other (please specify):	
<b>REQUIRED for all short-term / temporary access</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>ACCESS REQUEST JUSTIFICATION (Why do you need access to this building?)</b>		
Justification:		
Building Name:	Location:	
<b>AUTHORIZATION</b>		
By signing this form, you agree to comply with all access/security rules applicable to the building for which access was requested.		
Signature of Employee	Date:	
Signature of Dean, Director, Department Head or VP	Date:	

*For TrojanCard Office Use Only*

The above individual is hereby granted security clearance and  full-time or  part-time access to the building noted above.

Effective Date:	Ending Date:
<input type="checkbox"/> Access Approved <input type="checkbox"/> Access Denied	Date:
Ramonia M. Prorise, Manager TrojanCard & Support Services	Signature: