TECHNOLOGY SERVICES

SECURITY ACCESS REQUEST FORM

Date: ________________

Employee Name: First: ________________ Last: ________________ MI: ________________

Employment Status: □ FTE □ Vendor □ Hourly □ Contractor

Security Access Card Number: ____________

Department: ________________

Building Location: ________________

Phone Number: ________________

Security Access Requesting: ____________________________________________________________

Reason for Request: □ Add □ Modify □ Delete –Deactivate □ Replace

Comments: ____________________________________________________________

If the Security Access you are requesting is elevated past the normal Monday – Friday during business hours, please justify the reason you are requesting elevated access:

__________________________________________________________________________

The Security Access card you are receiving is the property of Virginia State University (VSU). It is your responsibility to notify Technology Services immediately upon discovering the card is lost or stolen. Upon termination or resignation of employment you are required to return the card back to VSU.

Upon acceptance of the security access card you are responsible for its use in a safe and secure manner. You are not to loan the card to anyone for any reason. In addition, you are not to use the access card to allow others into a secured area that is not authorized.

__________________________________________________________________________

Employee Signature Date

__________________________________________________________________________

Building Manager Signature Date

__________________________________________________________________________

Technology Services Signature Date