



Virginia State University TrojanCard Building Access Request Form

APPLICANT INFORMATION		
Full Name (Last, First, MI)		
VSU ID#		
Title		
Department		
Location (Building & Room #)		
Phone Number		
Prox # (5 Digits on Back of Card)		
Status	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Other (please specify):	
REQUIRED for all short-term / temporary access		Start Date: End Date:
ACCESS REQUEST JUSTIFICATION (Why do you need access to this building?)		
Justification:		
Building Name:		Location:
AUTHORIZATION		
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: Prox #
Lavetta Pittman - Manager TrojanCard & Support Services	Signature: