C-Cure Card Holder Temporary Access Request Form

Card Holder Information:
Version Date: 12/16/2020

REQUESTER NAME:	CARD HOLDER NAME:
CARD HOLDER UNID:	CARD HOLDER CARD #:
DEPARTMENT/DISTRICT:	
CARD HOLDER JOB TITLE/COMPANY:	

SELECT CARD HOLDER STATUS (PICK ONE):						
Faculty		Staff			Contractor		Visitor	

Access Requested:

BLDG#	ROOM(S)/AREA(S)	END DATE *

*END DATE: Students (projected graduation date), Contractor (project completion date), Faculty/Staff (If Temp Employee)

_____   _____

Manager, Supervisor, or Requester's Signature   Date Access Removed: Date

C-Cure Use Only

Please attach this form to a service request under the common problem: Contractor/visitor CCure Badges & Access.

Form is created and owned by the Building Access and Security Systems Team