

C-Cure Card Holder Temporary Access Request Form

Instructions for Submittal:

Download this document prior to filling it out.

Fill out the necessary information

[Click Here](#) for the CMS Service Request and attach this document.

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:	

Faculty		Staff			Contractor		Visitor	

Access Requested:

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

Additional Card Holder Information:

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	
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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](#)