Center for the Arts
Door Access Application

❏ Requesting a new code
❏ Requesting access change
❏ Re-activating a previously issued code
❏ Requesting a code change

POSITION: ❏ FACULTY
❏ STAFF
❏ MONITOR
❏ STUDENT
❏ OTHER _____

PLEASE PRINT LEGIBLY

NAME: _____

Office Location: _____

ADDRESS: _____

Office Phone: _____

_____

Home Phone: _____

CITY/STATE/ZIP: _____

Person Number: _____

Upon your signature, you hereby agree to accept this Center for the Arts access code and the responsibility associated with this acceptance. This is your personal code associated with your name. Do not give this code to anyone! You understand you are liable for any damages caused by anyone using your code to access the building. If you believe someone else may have your code, request a new one through your department.

Please be aware of open or propped doors when you are in after hours. An open door compromises the safety and security of everyone. Make sure that doors close properly behind you. **Do not prop doors open. We reserve the right to disable codes if doors are left open or propped open.**

I have read and understand the above conditions.

SIGNATURE OF APPLICANT_____ DATE: _____

Check the areas/rooms for which you are requesting access:

❏Basement Art Wing   ❏First Floor Art Wing   ❏Second Floor Art Wing   ❏125 Photo Darkroom
❏136 Computer Lab   ❏140 Electronics Lab   ❏142 Computer Lab   ❏Media Study Wing
❏103 Admin. Office   ❏112 Screening Room   ❏170 Drama Theatre   ❏190 Mainstage
❏B42 Telecom Room   ❏Elevator #4   ❏Alumni Arena (TH/D)   ❏295 Mainstage Balcony
❏Dance/Production Wing   ❏Alumni-CFA Connecting Link

Notes: _____

Pick a five digit number you will remember: ___ ___ ___ ___ ___
Please do not request easily guessed codes like '12345,' '11111,' etc. or local ZIP codes.

APPROVAL SIGNATURE OF SUPERVISOR_____ DATE: _____

Requests for building exterior access require department chair approval.

APPROVAL SIGNATURE OF DEPT. CHAIR_____ DATE: _____

DO NOT WRITE BELOW THIS LINE

USER ID NUMBER: _____   USER GROUP: _____

ENTERED BY: _____DATE: _____ Rev. 8/25/2023

RETURN THIS FORM TO VINCE HARZEWSKI IN CFA 127 FOR PROCESSING.