

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:

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

Pick a five digit number you will remember: ____ _

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. 3/18/2020

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