JACKSONVILLE UNIVERSITY CAMPUS SECURITY OFFICE REQUEST FOR ACCESS AUTHORIZATION

For Unmonitored usage

Please provide the following information:	
Name of Faculty/Administrator making requ	iest:
Date of Request:	
Building being utilized:	Room(s)
Term, or Specific Dates:	
Time Frame. NOTE: All rooms are closed at 11pm, no access before 8am:	
Authorizer Signature:	Contact Number:
Note: Entry Authorization Forms cannot be phoned or faxed into Campus Security.	
Special Instructions:	
Approved List of Students	Student ID Number
1	
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Forms are valid until the end of the traditional semester unless otherwise specified. Forms must be emailed from your employee email. Incomplete forms will be returned to submitter. Rooms are available beginning 8:00 a.m.

CS-K2 01/09