

JACKSONVILLE UNIVERSITY
CAMPUS SECURITY
REQUEST FOR ACCESS FORM
For Unmonitored usage

Please provide the following information:

Name of Faculty/Administrator making request: _____

Date: _____

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. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

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. By typing your name and emailing this form you are signing the form.