FLORIDA ATLANTIC UNIVERSITY

Broward Campus Operations

CARD ACCESS REQUEST FORM
- Downtown Parking Lot Only -

Name:_____ID/SSN#:_____Phone #:_____

Department/Program:_____Email: _____

Position: ☐ Permanent Faculty/Staff ☐ Temporary Staff/Adjunct Faculty
☐ Student (Must provide copy of semester schedule)

Applicant Signature:_____

Notice: All key and access card holders are bound by the duties and responsibilities of an employee of Florida Atlantic University.

ISO #	Date Activated:	By:

Return Form to HE 1109 or Fax to 954-762-5288