



KEY OR ACCESS CARD REQUEST FORM

Complete this form, obtain signature of your Dean or Department Head and deliver or fax it to:

Table with 3 columns: FAU at Davie, FAU at Ft. Lauderdale Downtown, FAU at Dania Beach SeaTech. Each column lists contact information for Patricia Koppisch or Elizabeth Coomber.

ACCESS CARD RECIPIENT INFORMATION

FAU BCC OTHER Email

Name: Z#: Phone

Department: Room Number:

Position: Student (Term Start & End Dates) Permanent Faculty/Staff Temp.Staff/Adjunct Fac. (Term Start & End Dates)

Table with 2 columns: Requesting ACCESS CARD for the following (Campus, Building, Room, Parking Lot, OWL Card) and Requesting KEY for the following (Campus, Building, Room).

APPROVAL SIGNATURES

Dean/Department Head: Date:

Campus Administration: Date:

Applicant Signature: Date:

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

Administrative Use Only table with fields for Access Card ISO #, Date Activated, Date Requestor Notified, Date Deactivated, Date Completed, Date Issued to Requestor, Date Returned.