

C-Cure Card Holder Temporary Access Request Form

Instructions for Submittal:

Download this document prior to filling it out.

Fill out the necessary information

[Click Here](#) for the CMS Service Request and attach this document.

Card Holder Information:

Version Date: 12/16/2020

REQUESTER NAME:	CARD HOLDER NAME:
CARD HOLDER UNID:	CARD HOLDER CARD #:
DEPARTMENT/DISTRICT:	
CARD HOLDER JOB TITLE/COMPANY:	

SELECT CARD HOLDER STATUS (PICK ONE):							
Faculty		Staff			Contractor		Visitor

Access Requested:

BLDG#	ROOM(S)/AREA(S)	END DATE *

Additional Card Holder Information:

REQUESTER NAME:	CARD HOLDER NAME:
CARD HOLDER UNID:	CARD HOLDER CARD #:
DEPARTMENT/DISTRICT:	
CARD HOLDER JOB TITLE/COMPANY:	

SELECT CARD HOLDER STATUS (PICK ONE):							
Faculty		Staff			Contractor		Visitor

Access Requested:

BLDG#	ROOM(S)/AREA(S)	END DATE *

*END DATE: Students (projected graduation date), Contractor (project completion date), Faculty/Staff (If Temp Employee)

 Manager, Supervisor, or Requester's Signature Date Access Removed:

 Date

C-Cure Use Only