NOTE: Requests for Access May Take Up to 24 *Business Hours* to Complete From the Time they are Submitted

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.

Version Date: 12/16/2020

Card Holder Information:

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

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

Form is created and owned by the Building Access and Security Systems Team