

**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

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	
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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

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