ACCESS CONTROL - ACCESS AUTHORIZATION FORM

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| **START DATE** | **END DATE** | **FIRST NAME** | **LAST NAME** | **CLIENT TYPE(F/S/OTHER/STUDENT)** | **STUDENT/EDEN ID** | **REQUESTED BUILDING** | **REQUESTED ROOM** | **DESK/OTHER** | **AUTHORIZED USE** |
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***ALL INFORMATION MUST BE PROVIDED BEFORE PROCESSING****.*

**PLEASE ALLOW 3 BUSINESS DAYS FOR PROCESSING**

An administration and replacement fee of $25.00 per **key/FOB/access card** will be levied for any lost or unreturned equipment.
(Also applies to unauthorized key transfers)

The expiry date for students will be the end of the academic year and may be renewed thereafter.

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| **DATE** |  | **DEPT HEAD or AUTHORIZED DELEGATE SIGNATURE** |  | **DEPARTMENT** |
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